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CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

MARION C. TAYLOR, M.B., CH.B., D.P.H.

FOR THE YEAR ENDED 31ST DECEMBER, 1955

[FORTY-EIGHTH YEAR]



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CHILD WELFARE SUB-COMMITTEE

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Mr. T. DRURY SMITH, M.C., J.P.
Coun. E. TINDALL.
Ald. P. J. M. TURNER, J.P.

* Co-opted members who were previously Governors of the School.

Director of Education—STANLEY MOFFETT, M.C., M.A.

STAFF

Principal School Medical Officer.

MARION C. TAYLOR, M.B., Ch.B., D.P.H.

School Medical Officers.

LAKSHMI DAS, M.B., B.S., D.C.H.	DORIS E. MORTON, B.A., M.B., B.Ch., B.A.O., L.M.
JAMES GREER, L.C.R.P.(I.), L.R.C.S.(I.).	ELSIE G. M. OATES, M.D., M.R.C.S., L.R.C.P.
*CHARLES O. GREER, B.A., M.B., B.Ch., B.A.O.	ETHEL SKERRITT, M.D., M.R.C.S., L.R.C.P., D.P.H.
JAMES D. HALL, M.R.C.S., L.R.C.P.	EITHNE M. SWALLOW, B.A., M.B., B.Ch.
WILLIAM D. A. KING, M.B., Ch.B.	

(Two vacancies for School Medical Officers).

Specialist Officers.

Ophthalmic Section	†*MALCOLM FERGUSON, M.B., B.S., D.O.M.S.
Aural Section	†*ROBERT E. PEASEGOOD, M.B., Ch.B., F.R.C.S.
Orthopaedic Section	†*FRANK W. HOLDSWORTH, B.A., M.Chir., F.R.C.S.
	†*ALFORD DORNAN, M.B., Ch.B., F.R.C.S.
	†*SIDNEY PAPPWORTH, M.B., Ch.B., M.Ch.
Rheumatism and Heart	†*JOHN LORBER, M.D., M.R.C.P.
Orthodontic Section	*HANS L. EIREW, L.D.S., B.D.S.

Principal School Dental Officer.

EDGAR COPESTAKE, L.D.S.

School Dental Officers.

AIDAN C. BLOOMFIELD, L.D.S.	MARY M. PELLATT, L.D.S.R.C.S.
ALBERT E. CLARKE, L.D.S.	EDMUND A. REEVE, L.D.S.R.C.S.
ALFRED E. GISBURN, L.D.S.	AGNES M. THOSEBY, L.D.S.
EDITH M. HAGUE, L.D.S.	*HAROLD P. REDFEARN, L.D.S.
*CHARLES P. BAIN, L.D.S.	*Mrs. CYNTHIA REDFEARN, L.D.S.
*JOHN M. COTTON, B.D.S., L.D.S.	

(Four vacancies for School Dental Officers).

Dental Anaesthetist.

*IAN ASHFORTH, M.B., Ch.B.

School Nursing Sisters.

ELSIE DENT (Chief School Nursing Sister).

PHYLLIS M. ARTHUR.	Mrs. LILIAN LIVERSIDGE.
Mrs. OLIVE M. ASHTON.	Mrs. MARGARET MacDOUGALL.
Mrs. ELIZABETH BATES.	HILDA M. MARSDEN.
Mrs. BERYL H. BYGATE.	Mrs. MARGARET MONTAGUE.
Mrs. LILIAN COMPTON.	Mrs. EVELYN NOBLE.
Mrs. ELSIE M. COX.	Mrs. MARGARET V. PARKER.
EDITH DONCASTER.	RUTH POULES.
Mrs. IVY HIBBERT.	Mrs. MARY A. REID.
MARGARET HILTON.	Mrs. GRACE RICHMOND.
CLARICE HOBSON.	LUCY SCOTT.
NORA HOBSON.	Mrs. EMILY D. SMITH.
Mrs. CONSTANCE E. JONES.	GRACE STANIFORTH.
Mrs. JACQUELINE S. KIRKBY.	SYLVIA M. WILLIAMSON.
Mrs. MABEL M. KNOWLES.	RUTH WILMOT.
CONSTANCE M. LAMBERT.	Mrs. ELSIE S. WOODWARD.

(Three vacancies for School Nursing Sisters).

Nursing Assistants.

Mrs. DOROTHY R. BAKER.
KATHLEEN J. BELL.
DOROTHY BURDEKIN.
WINIFRED CLEGG.
ENID CLOUGH.
Mrs. MARY CRAPPER.
Mrs. MAUD CROOKES.

ELIZABETH GILL.
Mrs. BETTY JENNETT.
NORRIE A. SMITH.
ROSALIE V. SWEENEY.
Mrs. JOAN M. TURNER.
KATHLEEN E. WRIGHT.

Dental Assistant.

ELSIE INGRAM.

Dental Attendants.

JEAN SMITH BANBURY.
CONSTANCE V. BOWIE.
DOROTHY V. BROWN.
Mrs. OLGA V. HABERSHON.
WINIFRED M. McKENZIE.
CLARE E. MARLOW.

CLARA L. MARSDEN.
Mrs. FRANCES MORRIS.
BARBARA ROBINSON.
BARBARA J. STANLEY.
ELLEN TRUMAN.

(One vacancy for Dental Attendant).

Oral Hygienist.

(Vacancy).

Dental Technicians.

CLIFFORD J. ATKIN (Senior).
LAURENCE C. BENNETT.
(Vacancy for Apprentice).

Head Speech Therapist—Mrs. CONSTANCE H. M. ALDRIDGE, L.C.S.T.

Speech Therapists.

ANNE A. COOPER, L.C.S.T.

SYLVIA LESS, L.C.S.T.

Chiropodist—*LEONARD ALDAM, M.Ch.S.

Physiotherapist—Vacancy.

After-Care Officer—WINIFRED STIRGESS.

Dispenser at Clinics—GEORGE WARRILOW.

Orthoptists.

†*EVELIN GUÉRIN.

†*Mrs. PAMELA NIXON.

Clerical Staff.

WILLIAM F. HERN (Chief Clerk).

DONALD STANIFORTH, D.P.A.
FRANK CROOKES.
DENIS STANIFORTH, D.P.A.
JOHN J. WOOLLEN, D.P.A.
DEREK MATTHEWMAN.
WILLIAM H. STARK.
JOAN M. SPARLING.
LILIAN SMITH.
Mrs. DOROTHY MacDONALD.
Mrs. SILVIA M. WILLIAMS.
Mrs. CONSTANCE CLINTON.
KATHLEEN HUTCHINSON.
BETTY E. BLACKWELL.
DOROTHY K. HEMS.
Mrs. DOROTHY J. CURTIS.

BRENDA J. HANSON.
Mrs. BARBARA KENNEDY.
JOYCE BENTON.
Mrs. EDITH M. BUTCHER.
Mrs. KATHLEEN A. CLARKE.
AUDREY WHITE.
AUDREY H. ANDREW.
ANN F. PENMAN.
FREDA NEEDHAM.
BARBARA DYSON.
EILEEN K. WALSH.
DOREEN LUDLAM.
JANET CLAYTON.
PATRICIA BOULBY.
JEAN E. CUCKSON.

CHILD GUIDANCE CENTRE.

Medical Director—THE PRINCIPAL SCHOOL MEDICAL OFFICER.

NOEL E. WHILDE, M.Sc., F.B.Ps.S.
(Educational Psychologist in charge).

†*REGINALD WARNECKE, M.R.C.S., L.R.C.P.,
D.P.M. (Psychiatrist).

RUTH J. M. GARDEN, M.A., Ed.B.
(Educational Psychologist).

GRAHAM TWEDDLE, M.A.
(Educational Psychologist).

PETER F. PORTWOOD, B.Sc., A.B.Ps.S.
(Educational Psychologist).

*Mrs. ROSE HOLMES.
(Psychiatric Social Worker).

(Vacancy for Psychotherapist).

BENTS GREEN SPECIAL SCHOOL FOR DELICATE CHILDREN.

KATHLEEN GRAYSON (Matron).

MURIEL M. HARTLEY.

(Resident Enrolled Assistant Nurse).

Vacancy for Resident Assistant House Mother.

SHEFFIELD SCHOOL FOR BLIND CHILDREN.

JOYCE WILKINSON (Matron-Housekeeper).

MAUD MAXFIELD SCHOOL FOR THE DEAF.

Mrs. WINIFRED L. WOODLEY (Matron-Housekeeper (Temp.)).

* Part-time Officer.

† Appointment by arrangement with the Regional Hospital Board.

SCHOOL HEALTH SERVICE, CENTRAL CLINIC, 7 Leopold Street Sheffield 1. (Telephone 26341).

SUMMARY OF WORK, 1955

	Children	Attendances
SCHOOL MEDICAL OFFICERS AT SCHOOLS—		
Visits to Schools	1,726	
Periodic Health Inspection—		
Primary and Secondary Schools	16,944	
Special Inspections	522	
Nursery Schools and Classes	960	
Selected cases	802	
“ Following up ”	4,429	
Special cases	1,811	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS—		
Inspection and Minor Ailments Clinics	19,488	38,436
OPHTHALMIC CLINIC—		
Examined by the Surgeon	4,928	7,379
Dressed by Nursing Sisters	1,607	6,466
Orthoptic treatment	487	1,791
AURAL CLINIC—		
Examined by the Surgeon	702	1,061
Dressed by Nursing Sisters	2,347	12,962
DENTAL CLINIC—		
Inspected at schools	35,077	
Inspected at clinics	6,253	
Treated by School Dental Surgeons	16,155	31,526
ORTHOPAEDIC CLINIC—		
Examined by the Surgeons	666	874
RHEUMATISM AND HEART CLINIC—		
Examined by the Physician	164	190
CHILD GUIDANCE CENTRE	656	4,244
SPEECH THERAPY CLINIC	267	4,333
CHIROPODY CLINIC—		
Treated by the Chiropodist	801	1,730
IMMUNIZATION AGAINST DIPHTHERIA—		
At schools and clinics	2,151	2,752
SCHOOL NURSING SISTERS AND NURSING ASSISTANTS—		
Examinations of children in schools	278,876	
Visits to homes	2,207	
Minor dressings at clinics and schools	18,023	56,178
TOTAL ATTENDANCES OF CHILDREN AT SCHOOL CLINICS		169,922

CITY OF SHEFFIELD

GENERAL INFORMATION.

Population (as estimated mid-1955)	501,100
Area	39,598 acres.
Density of Population	12·82 persons per acre.
Rateable Value	£3,725,393
Education Rate	85·83d.
Penny Rate produces	£19,117
Primary and Secondary Schools (including Nursery Schools)—	
Number of schools	140
Number of departments	216
Average number on rolls	74,571
Special Schools—	
Number of schools	14
Average number on rolls	1,324

CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

I have the honour to present for your consideration the report on the work of the School Health Service for the year ended 31st December, 1955.

The health of the children has reached the usual satisfactory standard ; indeed some of the school medical officers have expressed an opinion that in general it has been better than in previous years. Their heights and weights have been maintained, but the remarkable acceleration in growth which has been a feature of recent years is not continuing. One notes in the tables on pages 18-19 the spectacular increase in height and weight in the children of to-day compared with those of 1920, then one sees that any difference between the last two years is very slight indeed. Again, for comparison, heights and weights are given for children in various types of districts—Good, Medium and Poor. This year it was found that the assessment of the areas had to be carefully revised, as with the rehousing of families and the building of new schools, the situation had altered considerably. When the average heights and weights were calculated, however, it was found that there was still a very gradual decline from “ Good ” to “ Medium ”, and “ Medium ” to “ Poor ” districts.

In the Ministry of Education Circular 269 on periodic health inspection, freedom of choice for the age at which the intermediate group of children should be examined, was given. As it was decided in Sheffield that it should take place on entry into the secondary school, in order to give the Head Teacher knowledge of the physical condition of all children admitted, this meant that in the year of change, either many less intermediate children would be examined, or a group would be examined in two consecutive years—namely in the last year of the primary school and first year of the secondary school. On account of the shortage of medical staff it was decided to adopt the former course, and we were thus enabled to meet the statutory obligations and complete the periodic health inspection in all the schools within the year.

The changing pattern in the City, whereby not only grammar school children but most senior children residing in one area, travel to a secondary school in another area, has had an unexpected effect. The parents' attendance at periodic health inspection has definitely declined in the two age groups

affected—the long journey and the expense involved having possibly acted as a deterrent. The distance to many of the new schools is so great that unfortunately it is affecting adversely the amount of work accomplished. Time spent in actual travelling and in waiting for buses can be formidable. This applies only to staff who have either to visit more than one school in a session, or first the central clinic then a school. Administratively the problem is more than just a decrease in quantity of work, as from time to time one is faced with the impossibility of getting some particular work accomplished at all, because of the time factor. This is certain to be accentuated in the future as more and more new schools are built on the periphery. It may prove such a waste of time of trained staff that other travelling arrangements might have to be thought of, for economic reasons.

The X-raying of the chests of the school leavers, and of all persons appointed to the Education Authority's staff to deal with children, is now an established custom. In addition, all children in the Schools for Delicate Children are included, as so many of this group suffer from respiratory complaints. A brief summary of this work is submitted by Dr. Wilson, but very many detailed reports from him on individual children are received.

Vaccination against tuberculosis, which commenced in September, 1954, has gone forward very smoothly and a full account of it by Dr. Watson is included.

Because of the decreased incidence of acute rheumatism and the successful prophylactic treatment which has prevented recurrence in the same child, Ash House Hospital School for Rheumatic Children had many vacancies. A decision was therefore taken to fill the available beds with children with other ailments, for example abnormalities of the heart, nephritis and, at a later date, primary tuberculosis. They form a fairly homogeneous group and are all relatively long-stay cases.

One regrets that it is not possible to report that progress has been made in the replacement of any of the school clinic buildings.

The work with children who are deaf or partly deaf has been developed further. The screening test for one complete age group to detect minor degrees of deafness is still proving very useful. Many children with defects which yield to treatment are found, and a few children are located with a greater loss, who benefit with training in lip reading with or without a hearing aid. As the ascertainment becomes more complete, the two classes for lip reading attended by children from the ordinary schools are found to be insufficient, and there is now a waiting list. The formation of additional classes next year has been discussed, as the benefit from the visual and auditory training is such that one does not like any child to be deprived of the specialised help, immediately the need has become apparent.

A group of 55 children who had deafness of the obstructive type with adenoids or chronic tonsillitis were retested after operation ; the benefit from the operation was thus demonstrated in the audiograms which in the main showed much better hearing—details are given on pages 28-29. The nursery section of the Maud Maxfield School is now well established and the numbers at the Residential School are slowly but steadily increasing.

A clinic for the assessment of deafness in young children and for their training has been contemplated for a long time, as within the education authority service suitably trained staff are available. We are fortunate in having a head teacher at the School for the Deaf who is willing to spare the time to attend, and a school medical officer and nursing sister peculiarly suited for the work. The adaptation of a room at the central clinic was necessary, but rather than delay longer for the alterations to be carried out, the clinic was commenced in a small way. A few children have been seen by special appointment so that they are having the advantage of the training at a very early age, which recent research indicates is of paramount importance.

Apart from problem families, it is found that an increased amount of time is given to certain individual children by school medical officers and nursing sisters. Some children may need extra help because of a permanent physical complaint and with this, fit in quite successfully to school life. Others need support following an illness or long hospitalisation, the approach having been made to us through the hospital almoner or the general practitioner. The school nursing sister may act as a liaison between the hospital and the school so that the teacher is made aware of the child's particular difficulties, and many special home visits are paid and information bearing on the problem passed on. Again there may be no organic basis for quite severe symptoms which the child presents, but the past history shows the soil from which any emotional disturbance might readily grow. One marvels sometimes not that the child is so abnormal, but that under the appalling circumstances he is indeed so normal. Fortunately children have wonderful resilience so that given help at the right time, many overcome their personal difficulties and adjust themselves in a remarkable manner. A wise manipulation of the physical environment may be all that is required. The extra care may be needed for a short time only, or longer attention be indicated ; for example, at a special school. Before such an important step as change of school is recommended by the school medical officer many types of examinations may need to take place, and a number of people who are familiar with the child require to be consulted. It is salutary for the staff to pause from time to time to consider the results of all this in order to see whether the time spent has been worth while, bearing in mind that the aim is to be able to withdraw all extra help ultimately and make the child stand firmly on his own feet.

Some children achieve outstanding success and others improve greatly ; a group do better than one dared hope considering the original weighting

against them ; in some instances all that can be said is that after much endeavour one has at least prevented the situation from worsening. The following brief histories of three children are given as illustrations ; the parents of the first two have been approached and only these two are identifiable.

At different periods two children had such severe visual defects* that they did not manage successfully in the ordinary school ; in one case the child was rendered timid and fearful and appeared backward. After the specialised help of four to five years in the day school for partially sighted children they had gained such social independence and developed so well, that when they passed the Common Entrance Examination at Grammar School level it was recommended that they should be allowed to accept the offered places. This meant that they would have to compete with normally sighted children although their visual defects remained the same. One of them has now passed the General Certificate of Education in eight subjects and his education continues ; the other at the end of her first year in the new school was top girl in an A stream, that is, the best of 132 girls as it is a four stream entry.

Did they then meet with no special difficulties at the Grammar School ? Oh, yes ! Neither could see well enough to play ball games ; as the boy said it is at games that friends are easily made, so initially he was lonely. Now he swims, goes interesting long walks with boys at the weekends, and with one boy went a walking tour on the continent. He has developed his musical abilities and plays the flute. The other child cannot see the blackboard or wall pictures from the front seat ; she is unable to sew, and when cooking cannot tell when something is boiling, or when a pan is imperfectly washed. She has however a flair for drawing and with a few lines creates a very striking picture.

Neither of these young people with such a physical disability could have achieved academic success without intelligence of an unusually high degree, without extra help from the Grammar School staff, or without a good home background ; but also I venture to state neither could have done it without removal to the Special School at the right time and all the experience gained there.

A child started off in a shocking home, and in infancy was removed from there in a very sick condition, after the parents had been prosecuted. His foster-mother hoped that love and care would soon effect a cure but when first seen at the age of two years he still had many symptoms. One symptom made him objectionable to other people, and he was so over-excitable and talkative that his arrival in the waiting room could be surmised from the

* (i) Combined corrected vision 6/36
 (ii) Combined corrected vision 3/60

hubbub that arose. His foster-mother was regarded by the staff as a very heroic person. After many years his symptoms have vanished, he has reached a reasonable standard scholastically in most subjects, and is a fairly average well-mannered person liked by his fellows. At the age of five years his intelligence quotient on Terman Merrill was 76 but emotional factors made the test unreliable ; after he became stabilised he tested at 95 which gave a truer picture. He should make a good citizen in the future in a humble way.

It now remains for me to acknowledge the support and consideration shown by the Chairman and Members of the Committee in the welfare of the child. I have pleasure in expressing thanks to Mr. Moffett, the Director of Education, for his valuable advice, and to the staff of the various departments for their help in preparing sections of the report. Thanks are due to Dr. Roberts, the Medical Officer of Health, for certain vital statistics. I am greatly indebted to the whole staff of the School Health Service for their collaboration in all the work of the year.

M. C. TAYLOR,
Principal School Medical Officer.

CLINICS

Clinic	No. of Schools	No. of Depts.	Times of Attendance	Work undertaken	
Central Clinic, 7, Leopold Street	All	All	Full-time.	Administrative centre of school health service. Centre for examination of special cases, ophthalmic, orthoptic, ear, nose and throat, orthopaedic, heart and chiropody clinics. Central inspection, minor ailment and immunization clinics.	
Child Guidance Centre, 9, Newbould Lane	All	All	Full-time.	Child Guidance.	
Speech Therapy Clinic, 9, Newbould Lane	All	All	Full-time.	Speech Therapy.	
DISTRICT MEDICAL CLINICS.					
Central Clinic, 7, Leopold Street—					
District E	19	27	Mon., Wed. and Sat. mornings.	} Inspection, minor ailment and immunization clinics.	
District F	22	27	Tues. and Thurs. afternoons and Sat. mornings.		
Attercliffe Branch Clinic, Vicarage Road	11	18	Mon., Tues., Wed., and Fri. afternoons and Sat. mornings.		
Pitsmoor Branch Clinic, Ellesmere Road County School	11	23	Mon., Tues. and Thurs. afternoons and Sat. mornings.		
Hillsborough Branch Clinic, Broughton Road	15	26	Mon., Tues. and Thurs. afternoons and Sat. mornings.		
Heeley Branch Clinic, Lowfield County School	25	34	Mon., Tues. and Thurs. afternoons and Sat. mornings.		
Handsworth Branch Clinic, Hall Road, Handsworth	7	12	Wed. mornings.		
Woodhouse Branch Clinic, Balmoral Road, Woodhouse	2	2	Fri. mornings.		
Shiregreen Branch Clinic, Shiregreen County School	8	14	Mon., Wed. and Fri. afternoons and Sat. mornings.		
Manor Branch Clinic, Prince Edward County School	13	25	Mon., Tues., Wed., Thurs. afternoons and Sat. mornings.		
Wisewood Branch Clinic, Wisewood County School	3	6	Wed. and Fri. afternoons.	} Routine and casual dental treatment, special dental cases, and dental radiography.	
Wybourn Branch Clinic, Wybourn County School	4	5	Mon. and Thurs. mornings.		
Southey Green Branch Clinic, Southey Green County School	2	5	Tues. afternoons.		
DENTAL CLINICS.					
Central Clinic, 7, Leopold Street ..	39	46	Full-time.		
Owler Lane Branch Clinic, Owler Lane County School	11	21	Varies.	} Routine and casual dental treatment.	
Western Road Branch Clinic, Western Road County School	9	17	„		
Attercliffe Branch Clinic, Vicarage Road	12	21	„		
Manor Branch Clinic, Prince Edward County School	23	37	„		
Southey Green Branch Clinic, Southey Green County School	4	10	„		
Hatfield House Lane Branch Clinic, Hatfield House Lane County School	7	12	„	} Routine and casual dental treatment and orthodontics.	
Heeley Branch Clinic, Lowfield County School	27	37	„		

ATTENDANCES AT CLINICS

	Atter-cliffe	Pits-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Handsworth	Woodhouse	Shire-green	Manor	Wisewood	Southey Green	Wybourn	Special Depts.	Total
Inspection and Minor Ailments Clinics ..	4,484	4,806	4,304	6,538	1,972	2,451	848	436	3,266	4,202	1,391	1,159	2,579	—	38,436
Child Guidance Centre ..	—	—	—	—	—	—	—	—	—	—	—	—	—	4,244	4,244
Speech Therapy Clinics ..	—	—	—	—	—	—	—	—	—	—	—	—	—	4,333	4,333
Treatment Clinics—															
Ophthalmic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	7,379	7,379
Orthoptic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1,791	1,791
Aural ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1,061	1,061
Dental (Central & Branch)	—	—	—	—	—	—	—	—	—	—	—	—	—	31,526	31,526
Orthopædic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	874	874
Rheumatism & Heart ..	—	—	—	—	—	—	—	—	—	—	—	—	—	190	190
Diphtheria Immunization	—	—	—	—	—	—	—	—	—	—	—	—	—	2,752	2,752
Chiropody ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1,730	1,730
Dressings by School Nursing Sisters—															
Eye cases ..	446	667	179	451	232	—	23	29	372	168	277	93	286	3,243	6,466
Ear cases ..	2,641	1,776	762	700	1,020	—	146	186	834	1,076	413	280	618	2,510	12,962
Minor ..	4,770	2,215	2,882	3,864	3,024	—	873	363	4,209	5,321	1,543	1,335	5,790	19,989	56,178
TOTALS ..	12,341	9,464	8,127	11,553	8,699	—	1,890	1,014	8,681	10,767	3,624	2,867	9,273	81,622	169,922

STAFF

Dr. Elliot resigned her full-time appointment in November but continued to work in a part-time capacity as the post was not filled. The year started and finished with two vacancies for school medical officers.

Mr. Bloomfield was appointed as a school dental officer in May ; and Dr. Ashforth as a part-time dental anaesthetist in October, in place of Dr. Vincent, who had resigned. There were four vacancies for dental officers at the end of the year.

Mrs. Abrams, educational psychologist, resigned in February, and was replaced by Mr. Tweddle in September.

By the appointment of Miss Less in September the establishment of speech therapists was once more completed.

Nine school nursing sisters resigned and six were appointed.

CO-OPERATION WITH THE NATIONAL HEALTH SERVICE

In the introduction to the 1952 report this was dealt with fully. No changes of note have taken place. The arrangements previously made with the Regional Hospital Board in connection with the specialist clinics held at the Central Clinic, Leopold Street, have continued to work smoothly. Transference of information relating to school children attending hospitals continues, and one is grateful to the pædiatricians concerned. Co-operation with general practitioners where the opportunity arises is a definite aim, which is being gradually more fully implemented in a personal way in the various districts. A large number of letters are sent to general practitioners every week with a copy of the specialist's notes relating to the children on their lists.

CO-OPERATION OF PARENTS, TEACHERS, EDUCATION WELFARE OFFICERS AND OTHERS

Co-operation of all adults in any way concerned with the child is essential to his well-being and fortunately is readily obtained. The following percentage of parents took advantage of attending with their children at the periodic health inspection :—

					1954 per cent.	1955 per cent.
Entrants	..	..	..	..	88·11	91·76
Intermediates	..	..	..	..	62·25	48·19
Leavers	..	..	..	..	38·61	28·57
Additional inspections		..	..	..		55·94

Most sincere appreciation is felt for the co-operation of teachers, inspectors, education welfare officers, the Children's Officer, probation officers, general practitioners, medical officers at the hospitals, the National Society for the Prevention of Cruelty to Children, Cripples' Aid Association, Voluntary Association for Mental Welfare and the Council of Social Service.

Due acknowledgment and thanks are given to the local Press for their continued sympathetic and helpful presentation of school health topics.

During the year the Sheffield School Children's Holiday Association, supported by the Sheffield School Teachers, made the usual excellent use of Fairthorn Convalescent Home. It opened from March 28th to December 22nd and during that period a total of 197 children (100 girls, 97 boys) benefited by convalescence there. Additional to this number are 85 children who went during the summer vacation, being selected from the poorer parts of the City by the teachers. All the children were examined by the school medical officers and deemed suitable.

PERIODIC HEALTH INSPECTION

As mentioned last year, Circular 269 allowed some variations in the age groups for periodic health inspection. In Sheffield it was arranged that children should be examined as soon as possible after entering school, in their first year at the secondary school, and before leaving school. This enables the head teachers of the schools to have a full medical report on all entrants to their departments, and to discuss the health of any child with the doctor. It means that junior schools are not visited for periodic health inspection, but an annual visit is made for a medical survey, and selected children can then be examined. It should be remembered that, in addition, all pupils are seen at intermediate periods by the school nursing sisters. The main statistics on medical inspection will be found on pages 68-73 and the findings are given in accordance with the Ministry's requirements.

The number of children (1954 figures in brackets) found to require treatment at the periodic health inspection for various defects was 981 (1,225). In addition 1,897 (2,110) were referred for further medical supervision.

At the "follow-up" examinations which take place the year after the periodic health inspection 4,429 (3,714) children were examined.

There were 802 (893) cases selected at the survey inspection and 84 (120) were found to require treatment.

The percentage of the periodic health inspection groups referred for treatment (excluding defects of nutrition, uncleanliness and dental disease) were as follows :—

Entrants	..	..	..	..	..	6.68	(9.08)
2nd Group	..	..	..	..	..	4.08	(4.92)
3rd Group	..	..	..	..	..	6.13	(4.84)
† Additional inspections			..	..	..	4.41	(—)
Total for all groups	..	..	..	..	..	5.62	(6.58)

† Pupils at special schools or who missed the usual periodic examination.

EXTRACTS FROM REPORTS OF SCHOOL MEDICAL OFFICERS

The clinical opinion of the school medical officers is that the nutrition of the children is, in the main, as good or even better than in previous years. The following is extracted from their reports:—

“ The general standard of health at Whiteley Wood and Bents Green Day Schools for Delicate Children has remained satisfactory. As before, breathing exercises, and exercises for posture and deportment are carried out where necessary, under the supervision of the school nursing sisters. There is a happy atmosphere in both schools, and the continued appreciation of the parents is shown by the number of visits, notes, and telephone calls from them.”

“ In Bents Green Residential School for Delicate Children, there has not been any case of infection apart from the common cold. As an innovation six children younger than the usual age have been admitted, namely two aged five years, and four aged six years. They all have chest conditions and are responding well to the open air life ; their parents are most co-operative. The school attendance has again been very good as shown by the following percentages :—

Easter term	..	..	..	..	..	91·1
Midsummer term	..	..	..	..	..	96·2
Autumn term	..	..	..	..	..	95·4

“ At Mayfield School for Physically Handicapped Children, wider facilities have been made for children to learn swimming. Special supervision has been arranged by the kind co-operation of Mr. Morant ; thus the more severely handicapped pupils can now be included, and of this they are most appreciative. 16 children are attending at present.”

“ My impression is that the cleanliness of the children has definitely improved, and this view is shared by the nursing sisters.” In reference to discharging ears one doctor writes, “ Since using insufflation with pulverised terramycin for chronic otitis media the discharge appears to clear up more quickly.”

GENERAL CONDITION

The classification of children under the term “ General Condition ” implies a general impression of the children’s physical fitness. That the assessment is necessarily a subjective one is generally agreed ; for example one’s standard tends to be higher in a school where the nutritional level is high, and lower in one that is less good.

Age groups	Year	Number examined	Good per cent.	Fair per cent.	Poor per cent.
Entrants	1954	7,671	12·06	87·16	0·78
	1955	6,435	15·49	84·26	0·25
Intermediates	1954	4,652	19·02	79·17	1·81
	1955	5,171	15·97	83·20	0·83
Leavers	1954	6,300	21·60	77·46	0·94
	1955	5,338	21·39	78·18	0·43
Special Examinations ..	1954	—	—	—	—
	1955	522	5·94	91·57	2·49
Total for all age groups	1954	18,623	17·03	81·88	1·09
	1955	17,466	17·15	82·30	0·55

HEIGHTS AND WEIGHTS

The first table of anthropometric examinations of the children includes for comparison figures for the years 1920, 1938 and 1945 pre-war and post-war years, and 1954. The tendency noted in past years for an increase in height and weight appears to be less marked ; compared with the previous year in some age groups there is a slight increase and in others a similar decrease.

The second table gives a comparison between schools in varying types of districts. It will be seen that in the main there is a progressive diminution in height and weight from " Good " to " Medium " to " Poor " districts. On this table at the foot of the columns figures are given under " Mean reading for all ages " as a useful method of comparing the heights and weights of one year with another. A very slight over-all increase on last year is thus demonstrated.

HEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Inches	1938 Inches	1945 Inches	1954 Inches	1955 Inches	Number Examined 1955	Age	1920 Inches	1938 Inches	1945 Inches	1954 Inches	1955 Inches	Number Examined 1955
5	40.5	42.44	42.93	43.12	43.24	2,935	5	40.75	42.13	42.64	42.74	42.87	2,719
6	42.75	44.76	44.77	45.61	45.53	3,301	6	42.45	44.24	44.63	45.20	45.19	3,117
7	44.4	47.09	46.98	47.83	47.89	3,610	7	44.05	46.77	46.59	47.37	47.57	3,570
8	46.9	49.21	49.84	49.97	50.05	4,038	8	46.9	48.86	48.85	49.46	49.56	3,706
9	48.45	50.47	50.38	52.08	51.97	3,405	9	47.95	50.39	51.22	51.55	51.57	3,289
10	49.8	52.28	54.31	53.87	54.03	3,586	10	50.25	52.13	54.38	53.58	53.8	3,394
11	53.55	53.98	54.91	55.5	55.75	3,334	11	51.1	55.28	55.62	55.7	55.82	3,172
12	54.05	56.42	56.44	57.18	57.46	2,365	12	54.5	57.52	57.96	57.94	58.17	2,256
13	55.7	57.91	59.1	59.68	59.57	2,202	13	56.05	58.9	60.02	59.96	60.18	2,185
14	56.45	59.8	60.38	62.28	62.4	1,970	14	57.	60.75	60.9	61.54	61.54	2,075
15	—	—	—	64.35	64.31	499	15	—	—	—	62.33	62.17	440
16	—	—	—	66.83	66.43	73	16	—	—	—	62.89	63.39	77

WEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Pounds	1938 Pounds	1945 Pounds	1954 Pounds	1955 Pounds	Number Examined 1955	Age	1920 Pounds	1938 Pounds	1945 Pounds	1954 Pounds	1955 Pounds	Number Examined 1955
5	38·6	41·49	41·58	43·34	43·62	2,935	5	38·9	39·93	40·18	42·15	42·16	2,719
6	42·2	45·72	44·95	48·35	48·26	3,301	6	40·45	43·87	43·71	47·07	46·95	3,117
7	45·1	51·1	49·77	53·64	53·55	3,610	7	42·1	49·21	47·62	52·12	52·65	3,570
8	50·15	56·17	57·12	59·35	59·56	4,038	8	49·05	54·17	54·41	57·65	58·03	3,706
9	52·25	60·	61·73	65·87	65·52	3,405	9	52·2	58·	59·12	64·26	64·47	3,289
10	57·7	64·29	74·52	71·87	72·57	3,586	10	53·4	63·8	67·61	71·08	72·11	3,394
11	68·2	70·86	73·49	77·58	79·06	3,334	11	61·75	75·44	77·48	79·21	79·81	3,172
12	70·4	80·14	79·35	84·22	86·21	2,365	12	71·05	83·47	85·85	88·67	90·84	2,256
13	73·75	85·61	90·07	94·95	94·94	2,202	13	77·35	89·66	96·04	99·82	100·78	2,185
14	79·55	94·14	95·16	108·07	108·05	1,970	14	78·95	100·5	99·65	109·61	110·3	2,075
15	—	—	—	118·08	120·07	499	15	—	—	—	115·5	114·18	440
16	—	—	—	131·84	131·52	73	16	—	—	—	120·39	122·53	77

HEIGHTS

COMPARATIVE FIGURES FOR HEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

BOYS										GIRLS									
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools			
	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches		No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches		
5	2,935	43.24	731	43.83	1,352	43.25	852	42.71	5	2,719	42.87	699	43.45	1,295	42.85	725	42.33		
6	3,301	45.53	936	46.08	1,542	45.48	823	44.98	6	3,117	45.19	835	45.7	1,443	45.15	839	44.77		
7	3,610	47.89	995	48.51	1,656	47.87	959	47.29	7	3,570	47.57	942	48.1	1,682	47.51	946	47.14		
8	4,038	50.05	1,135	50.7	1,788	49.95	1,115	49.53	8	3,706	49.56	955	50.17	1,745	49.53	1,006	49.04		
9	3,405	51.97	927	52.53	1,586	51.96	892	51.42	9	3,289	51.57	885	52.23	1,523	51.5	881	51.01		
10	3,586	54.03	922	54.69	1,676	53.9	988	53.63	10	3,394	53.8	935	54.49	1,587	53.68	872	53.26		
11	3,334	55.75	943	56.53	1,606	55.58	785	55.19	11	3,172	55.82	890	56.42	1,575	55.72	707	55.27		
12	2,365	57.46	608	58.1	1,156	57.4	601	56.93	12	2,256	58.17	513	59.13	1,151	58.02	592	57.64		
13	2,202	59.57	505	60.42	1,081	59.47	616	59.04	13	2,185	60.18	525	60.8	1,087	60.02	573	59.91		
14	1,970	62.4	448	62.86	997	62.48	525	61.85	14	2,075	61.54	467	62.13	1,034	61.43	574	61.25		
15	499	64.31	215	65.06	169	63.86	115	63.57	15	440	62.17	182	62.46	160	62.19	98	61.59		
Mean for all ages . .		52.19		52.77		52.22		51.57	Mean for all ages . .		52.06		52.6		52.08		51.49		

WEIGHTS

COMPARATIVE FIGURES FOR WEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

BOYS										GIRLS									
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools			
	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds		No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds		
5	2,935	43·62	731	44·5	1,352	43·64	852	42·84	5	2,719	42·16	699	43·33	1,295	42·06	725	41·2		
6	3,301	48·26	936	49·31	1,542	48·11	823	47·36	6	3,117	46·95	835	47·57	1,443	46·93	839	46·36		
7	3,610	53·55	995	54·68	1,656	53·7	959	52·14	7	3,570	52·65	942	53·87	1,682	52·4	946	51·88		
8	4,038	59·56	1,135	61·1	1,788	59·41	1,115	58·22	8	3,706	58·03	955	59·11	1,745	58·04	1,006	57·		
9	3,405	65·52	927	66·95	1,586	65·38	892	64·29	9	3,289	64·47	885	65·6	1,523	64·33	881	63·6		
10	3,586	72·57	922	75·05	1,676	72·04	988	71·17	10	3,394	72·11	935	73·91	1,587	71·88	872	70·57		
11	3,334	79·06	943	82·15	1,606	78·37	785	76·75	11	3,172	79·81	890	81·33	1,575	79·67	707	78·21		
12	2,365	86·21	608	89·43	1,156	85·46	601	84·39	12	2,256	90·84	513	93·76	1,151	90·75	592	88·5		
13	2,202	94·94	505	99·06	1,081	94·51	616	92·33	13	2,185	100·78	525	101·94	1,087	100·91	573	99·48		
14	1,970	108·05	448	111·07	997	108·39	525	104·83	14	2,075	110·3	467	112·62	1,034	110·09	574	108·8		
15	499	120·07	215	125·29	169	117·27	115	114·43	15	440	114·18	182	114·5	160	114·	98	113·89		
Mean for all ages ..		68·93		70·8		68·96		66·99	Mean for all ages ..		69·45		70·49		69·69		67·97		

SCHOOL MEALS

Particulars of the average number of meals supplied daily in respect of each calendar month from January to December 1955 :—

1955	Totals	1955	Totals
January	32,784	July	32,701
February	32,574	August	—†
March	32,725	September	34,753
April	33,107	October	34,821
May	33,395	November	34,978
June	32,918	December	34,848

† All schools closed in August.

	1954	1955
Number of dinners supplied on payment ..	5,358,778	5,636,133
Number of dinners supplied free	617,459	537,807
Number of dinners supplied on part-payment of 6d.	6,760	8,725

The following is the number of children on free meals in December, earlier years being included for comparison :—

1949	1950	1951	1952	1953	1954	1955
4,683	3,978	3,874	3,987	4,117	3,560	3,231

PROVISION OF MILK

The following information gives the number of bottles of milk supplied daily to school children each month. The supply at present is limited to one one-third pint bottle per day per child and no charge is made.

All milk supplied to the schools is pasteurised.

1955	Primary and Secondary Schools	Grammar Schools	Totals
January	57,920	3,313	61,233
February	57,283	3,811	61,094
March	56,985	3,372	60,357
April	59,542	3,400	62,942
May	60,172	3,572	63,744
June	59,994	3,535	63,529
July	59,877	3,518	63,395
† August	—	—	—
September	61,031	4,052	65,083
October	60,451	3,922	64,373
November	59,479	3,794	63,273
December	58,979	3,746	62,725

† All schools closed in August.

A return to the Ministry of Education shows that on a day in October, 1955, 89.7 per cent. of pupils received beverage milk and 43.5 per cent. received dinners.

CLEANLINESS

The figures obtained from inspection at the routine examinations, following due notice to the parents, are given below, and show that the standard has improved slightly.

CLEANLINESS OF HEAD

			CLEAN per cent.	INFECTED HAIR per cent.		
Boys ..	1945	..	97·04	2·96	(Nits 2·81	Lice 0·15)
	1952	..	98·34	1·66	(„ 1·60	„ 0·06)
	1953	..	98·51	1·49	(„ 1·45	„ 0·04)
	1954	..	98·41	1·59	(„ 1·59	„ —)
	1955	..	98·86	1·14	(„ 1·07	„ 0·07)
Girls ..	1945	..	83·24	16·76	(„ 15·83	„ 0·93)
	1952	..	92·88	7·12	(„ 7·02	„ 0·10)
	1953	..	93·26	6·74	(„ 6·67	„ 0·07)
	1954	..	92·23	7·77	(„ 7·75	„ 0·02)
	1955	..	95·07	4·93	(„ 4·87	„ 0·06)

CLEANLINESS OF BODY

			CLEAN per cent.	DIRTY per cent.	BODY LICE per cent.
Boys ..	1945	..	99·56	0·41	0·03
	1952	..	99·61	0·39	—
	1953	..	99·84	0·16	—
	1954	..	99·87	0·13	—
	1955	..	99·97	0·03	—
Girls ..	1945	..	99·65	0·30	0·05
	1952	..	99·88	0·12	—
	1953	..	99·95	0·05	—
	1954	..	100·00	—	—
	1955	..	99·98	0·02	—

HYGIENE OF SCHOOL BUILDINGS

At the close of the periodic health inspection the school medical officers make an examination of the hygienic condition of the schools. Any structural defects, or suggested alterations or additions which might improve the health of the children are reported.

Two new secondary schools have been completed—Beaver Hill and Hurlfield ; Wybourn Secondary has been enlarged by four classrooms, and alterations have been carried out in two of the old county schools, namely Hammerton and Huntsmans Gardens. Increased playing space has been provided in a further three schools and the verandahs enclosed in a number of others including Arbourthorne School for Physically Handicapped Children. Part of Handsworth County School has been adapted to provide accommodation for 120 junior girls who are educationally sub-normal.

INSPECTION AND MINOR AILMENTS CLINICS

The clinics form a very important section of the service and the parents and children have continued to avail themselves of the facilities offered. The following table records the nature of the consultations during the year ;—

INSPECTION AND MINOR AILMENTS CLINICS 1955

Condition	Atter-cliffe	Pitsmoor	Hills-borough	Heeley	Central (E)	Central (F)	Hands-worth
SKIN—							
Ringworm—Scalp ..	—	—	3	—	1	1	—
Body ..	3	—	2	1	—	—	1
Scabies	—	—	—	1	—	—	—
Impetigo	11	22	18	9	14	5	3
Other	255	324	463	482	196	236	94
EYE—							
Defective vision ..	312	229	140	208	119	146	83
Squint	21	23	20	11	14	9	3
Other	127	57	100	133	49	62	20
EAR—							
Defective hearing ..	66	65	41	23	56	33	10
Otitis media	167	125	46	25	31	18	5
Other	189	117	127	128	40	42	41
NOSE AND THROAT—							
Chronic tonsillitis and adenoids	21	32	30	9	7	3	16
Other	194	57	77	93	31	37	23
SPEECH	43	34	24	15	16	15	2
CERVICAL GLANDS ..	2	30	11	1	2	—	—
HEART AND CIRCULATION	6	13	7	3	3	4	6
LUNGS	44	70	59	24	48	72	24
DEVELOPMENTAL—							
Hernia	—	8	1	—	—	—	—
Other	—	—	3	—	1	1	—
NERVOUS SYSTEM—							
Epilepsy	8	9	9	10	13	1	7
Other	11	1	4	5	5	5	—
ORTHOPAEDIC—							
Posture	1	—	—	—	—	—	—
Flat foot	9	22	7	11	3	7	4
Other	24	92	42	43	36	43	9
PSYCHOLOGICAL—							
Development	1	—	5	1	1	1	1
Stability	23	7	8	8	22	23	9
OTHER	857	820	913	1,175	586	697	205
Cases	2,395	2,157	2,160	2,419	1,294	1,461	566
Examinations	4,484	4,806	4,304	6,538	1,972	2,451	848

Wood-house	Shire-green	Manor	Wise-wood	Southey Green	Wybourn	Total	Condition
—	—	—	—	—	—	5	SKIN—
—	—	—	—	—	—	7	Ringworm—Scalp
—	3	2	2	—	1	9	Body
—	3	4	5	2	5	101	Scabies
16	248	498	133	50	68	3,063	Impetigo
							Other
19	67	178	59	12	32	1,604	EYE—
2	4	—	3	2	—	112	Defective vision
2	120	67	64	32	12	845	Squint
							Other
6	35	43	22	5	3	408	EAR—
7	38	72	17	12	6	569	Defective hearing
4	107	138	84	21	50	1,088	Otitis media
							Other
2	23	39	5	11	12	210	NOSE AND THROAT—
9	194	173	110	41	430	1,469	Chronic tonsillitis and adenoids
							Other
3	10	28	18	2	9	219	SPEECH
1	1	—	3	—	1	52	CERVICAL GLANDS
—	5	7	1	5	2	62	HEART AND CIRCULATION
9	81	40	39	48	36	594	LUNGS
—	—	—	—	—	—	9	DEVELOPMENTAL—
—	1	3	—	—	—	9	Hernia
							Other
—	6	4	3	1	2	73	NERVOUS SYSTEM—
—	19	2	9	12	2	75	Epilepsy
							Other
—	—	—	—	—	—	1	ORTHOPAEDIC—
—	1	10	8	—	1	83	Posture
5	83	59	71	27	4	538	Flat foot
							Other
—	—	—	3	2	—	15	PSYCHOLOGICAL—
—	8	12	2	1	1	124	Development
							Stability
62	699	1,004	269	198	659	8,144	OTHER
147	1,756	2,383	930	484	1,336	19,488	Cases
436	3,266	4,202	1,391	1,159	2,579	38,436	Examinations

DISEASES OF THE SKIN

Some skin diseases call for special comment.

SCABIES

The incidence of scabies rose from pre-war to reach its maximum in 1942, but in recent years has remained at a low level :—

Year								Number of cases
1942	..	..	..	..	..	..	..	2,657
1953	..	..	..	..	..	..	..	38
1954	..	..	..	..	..	..	..	16
1955	..	..	..	..	..	..	..	15

RINGWORM OF THE SCALP

There were five cases during the year.

EYE DEFECTS

The number of children found to have defective vision at the routine examination is set out in the table below :—

				Number examined	Normal vision per cent.	Defective vision per cent.
<i>Entrants.</i>						
Boys	..	..		3,260 out of 3,367	96·35	3·65
Girls	..	..		2,955 out of 3,068	97·06	2·94
<i>Intermediate.</i>						
Boys	..	..		2,619	87·17	12·83
Girls	..	..		2,552	88·21	11·79
<i>Leavers.</i>						
Boys	..	..		2,777	84·26	15·74
Girls	..	..		2,561	83·21	16·79
<i>Special Inspections.</i>						
Boys	..	..		300	86·01	13·99
Girls	..	..		222	85·19	14·81

In addition the school nursing sisters test the acuity in certain other age groups, namely 7, 9 and 13 years. This means that with the visual testing at periodic health inspection the children's eyes are tested every other year. The school nursing sisters referred 515 children to the medical officers at the clinics and of these 323 were found to require examination by the ophthalmologist and 192 were kept under observation.

OPHTHALMIC TREATMENT

Mr. Malcolm Ferguson, the ophthalmologist, contributes the following :—

“ The waiting list for examination has been very much reduced in the past year and the attendance and co-operation of the parents has been good.

Inflammatory diseases of the eye are not commonly seen now at the clinic, owing to the better health of the children. The vast majority of cases are congenital, hereditary and developmental conditions.

The number of children in the School for the Blind has increased to 60, so that it is now full. Several children with retrolental fibroplasia have been admitted but now that the prophylaxis of this condition is understood, these cases should become very rare.

There is a small waiting list for the School for the Partially Sighted. One of the children, after some years at this school, had benefited to such an extent in her ability to deal with her handicap that she was able to accept the place offered in a grammar school, and is now doing well there.

There have been changes of staff in the Orthoptic Clinic, and at present there is one vacancy, but fortunately the Orthoptist in charge, Miss Guérin, is still with us."

There were 2,733 pairs of spectacles prescribed.

						Cases	Attendances
Errors of refraction :—							
Hypermetropia	..	..	..	..	..	192	285
Myopia	..	..	..	..	..	789	1,106
Astigmatism	..	..	..	..	..	2,578	3,850
Anisometropia	..	..	..	..	..	193	256
Congenital defects	..	..	..	..	..	203	312
Inflammatory conditions		..	..	..	..	35	75
Injuries	..	..	..	..	..	48	59
Squint :—							
Strabismus, convergent		..	..	..	..	436	765
„ alternating convergent		..	..	..	..	153	255
„ alternating divergent		..	..	..	..	12	19
„ divergent		..	..	..	..	23	41
Phoria	..	..	..	..	..	85	129
Other	..	..	..	..	..	181	227
						4,928	7,379

ORTHOPTIC TREATMENT

Miss Guérin supplied the information on which this is based. The number of new cases seen during the year was 335, but with those outstanding from the previous year the total number of children seen was 487. The number of attendances was 1,791.

The orthoptists carry out a large number of visual and other tests on children due to attend the ophthalmic clinic. Squints and latent squints are examined in detail, and classified, then treatment is carried out on suitable cases. Out of 182 children who had been discharged by the end of the year after treatment 41 were considered cured, 47 very much improved, 64 improved, and 30 cosmetically improved.

EAR, NOSE AND THROAT DEFECTS

The figures in brackets refer to the numbers for 1954.

Mr. Peasegood attended at the Central Clinic on one session a week to see children referred to him by the school medical officers.

The total number of children seen during the year was 702 (1,044) and of those 503 (807) were new cases. The children made 1,061 (1,446) attendances. The total number of operations performed was 315 (269), 252 (261) being for tonsils and adenoids only. In addition the three hospitals have supplied their figures for operations for tonsils and adenoids :—

Royal Infirmary	..	..	..	..	..	..	165
Royal Hospital	..	..	..	..	..	..	706
Children's Hospital	..	..	..	..	..	..	195
Tonsillectomy Unit	..	..	..	..	..	..	628

The following table gives an analysis of the reasons for attendance at the clinic :—

Deafness	..	..	..	..	..	..	143
Otitis media	..	..	..	..	..	..	60
Tonsils and adenoids	..	..	..	..	..	..	206
Tonsils	..	..	..	..	..	..	46
Adenoids	..	..	..	..	..	..	91
Rhinitis	..	..	..	..	..	..	8
Polypus	..	..	..	..	..	..	9
Deflected septum	..	..	..	..	..	..	4
Other conditions	..	..	..	..	..	..	101
No treatment advised at present	..	..	..	..	..	..	34
							702

ASSESSMENT OF HEARING BEFORE AND AFTER TONSILLECTOMY AND ADENOIDECTOMY.

55 children with conductive deafness had operative treatment for removal of tonsils or adenoids carried out by Mr. Peasegood, the Ear, Nose and Throat Surgeon. The hearing in each case was re-tested some months after operation to see whether or not there was any improvement, and the results were very encouraging. There was now no loss of hearing at all in 18 of the children ; and the number who had had the greatest loss, that is more than 20 decibels, was reduced from 28 to 6. Details of the results are given in the table below :—

Hearing loss <i>before</i> tonsillectomy.		Hearing loss <i>after</i> tonsillectomy.	
	Children		Children
		No loss	 8
Up to 20 Db loss in both ears	.. 6	Up to 20 Db loss in both ears	.. 8
More than 20 Db loss in one ear	11	More than 20 Db loss in one ear	6
More than 20 Db loss in both ears	10	More than 20 Db loss in both ears	5
	27		27

Hearing loss <i>before</i> adenoidectomy.		Hearing loss <i>after</i> adenoidectomy.	
	Children		Children
		No loss	10
Up to 20 Db loss in both ears ..	2	Up to 20 Db loss in both ears ..	11
More than 20 Db loss in one ear	8	More than 20 Db loss in one ear	6
More than 20 Db loss in both ears	18	More than 20 Db loss in both ears	1
	28		28

AUDIOLOGY
GRAMOPHONE AUDIOMETRIC TESTING

The systematic testing of hearing in groups by the 4-AE gramophone audiometer, in children aged 9+ years, was continued. In place of this test however, a different type of screening test was used for the first time with some of the children, in order to compare the two methods. The results of this second test are recorded separately further on.

The number tested by the gramophone audiometer was 5,690.

All children who are found to have more than nine units loss on the first test are re-tested to eliminate such factors as novelty, lapse of concentration and nervousness. 27 children were absent for all tests and along with 46 doubtful passes will be included in the testing for 1956.

Of the 5,690 children tested the following analysis is made according to the number of ears tested :—

Group A (3—6 decibels loss)	9,029	Normal ears
Group B (9—18 „ „)	2,205	Slightly deaf ears
Group C (21—30 + „ „)	146	Partially deaf ears
	11,380	

Of the children with defective hearing in both ears, the following analysis is made :—

Group B	78
Group C	14

Special letters were sent to 361 parents, indicating that the test showed the child to have defective hearing. The parents were advised to consult their own doctor or the medical officers at the branch clinics without delay. 83 attended their own practitioner, 20 attended a hospital and 258 the branch clinics.

The conditions found in those examined were :—

Cerumen	122
Otitis media. Acute	10
Chronic—active or quiescent	68
Eustachian catarrh	51
Mixed perception and conductive deafness	4
Perception deafness	1
Post mastoid operation	2
	258

224 children from the group test were referred for pure-tone audiometer test. This included some children who had been absent in the group re-test as it was found more convenient to re-test them individually.

It was thought worth while to re-test after treatment 194 of the 361 children found deaf by the group test :—

BEFORE TREATMENT			AFTER TREATMENT		
Group A.	Normal ears	.. 93	Group A.	Normal ears	.. 359
„	B. Slightly deaf ears	.. 242	„	B. Slightly deaf ears	.. 29
„	C. Partially deaf ears	53	„	C. Partially deaf ears	—

3 children of Grade IIA deafness were recommended to be allowed to sit near the front of the class in the most favourable position for hearing, and of those, two in addition were referred to the class for instruction in lip reading.

SWEEP TEST

The second screening test, used for the first time on some of the children of the same age groups was the pure tone sweep test (Amplivox). This is an individual test and was carried out in the main, in the schools. The opinion now formed on comparing it with the gramophone group test is that the sweep test is on the whole the more valuable one, and in addition is more satisfactorily administered. It is therefore proposed in future to increase the number of children tested by this method till the whole age group is included.

The number tested was 1,276 and of these 76 (5.9 per cent.) were found to have some loss of hearing. The following analysis of the 76 cases is made :—

Slight loss—up to 20 Db in one or both ears	.. ..	27
More than 20 Db loss in one ear only	.. ..	34
More than 20 Db loss in both ears	.. ..	15
		—
		76
		==

The parents were notified of the loss of hearing and advised to consult their general practitioner, or school medical officer at the branch clinic. 7 went to the general practitioner and 69 to the branch clinics. The conditions found in those examined at the clinics were :—

Cerumen	.. ..	23
Otitis media. Acute	.. ..	1
Chronic—active or quiescent	.. ..	15
Eustachian catarrh	.. ..	23
Enlarged tonsils	.. ..	4
Mixed deafness	.. ..	1
Post mastoid operation	.. ..	1
Awaiting diagnosis by Aural Surgeon	.. ..	1
		—
		69
		==

24 of the above children were referred to the Aural Surgeon and 4 were put on the list for tonsillectomy.

It was thought worth while to re-test after treatment 20 of the children found to be deaf ; 11 of these had now normal hearing, 6 showed considerable improvement, but in 3 children there was no change.

3 children of Grade IIA deafness were recommended to be allowed to sit in a favourable position for hearing in the class. In addition 2 of them were supplied with hearing aids, and referred to the class for instruction in lip reading.

PURE TONE AUDIOMETRIC TESTING

The hearing of 788 children was tested individually by means of the pure tone audiometer. During the year some of these children were re-tested so that a total of 915 audiograms were taken.

The children were referred as follows :—

School Medical Officers	..	..	..	..	..	389
Aural Surgeon	..	..	..	..	..	62
Speech Therapists	..	..	..	..	..	4
General Practitioners	..	..	..	..	..	5
After gramophone audiometer test	..	..	..	..	..	328

ANALYSIS OF RESULTS :—

Loss of 20 or more decibels in one ear	..	..	..	240
Loss of 20 or more decibels in both ears	..	..	..	119
Slight impairment of hearing—for observation	..	..		90
No impairment of hearing after treatment	..	..	..	135
Discharged as no appreciable loss	..	..	..	204

The diagnosis of the 225 children who attended the branch clinics follows:—

CONDUCTIVE DEAFNESS

This includes otitis media (acute, and chronic active or quiescent), eustachian catarrh, and sinusitis

quiescent), eustachian catarrh, and sinusitis	..	..	161
Chronic tonsillitis or enlarged adenoids	..	..	26
Post mastoid operation	..	..	4
MIXED DEAFNESS	..	..	6
PERCEPTION DEAFNESS	..	..	20
AWAITING APPOINTMENT WITH AURAL SURGEON	..	..	8

53 of the above children were referred by the Aural Surgeon for operative treatment, 23 being for tonsils and adenoids operation, 26 for adenoids operation, 2 for radical mastoid operation, 1 for aural polypus and 1 for antral irrigation.

Of the children referred for pure tone testing 24 were of Grade IIA deafness and required special educational treatment. They were all recommended to sit in a favourable position for hearing in the class. 10, in addition, required to attend the class for lip reading, and 4 of these required hearing aids.

SPEECH THERAPY

ANALYSIS OF WORK CARRIED OUT DURING 1955

Cases already open at 1st January, 1955	..	..	..	..	..	180
Cases opened during 1955	..	..	..	..	..	104
						284
Cases closed during 1955	..	..	..	..	..	110
Cases open at 31st December, 1955	..	..	..	..	..	174

ANALYSIS OF CASES OPEN AT 31ST DECEMBER, 1955

Number under	Stammer	Speech Defect	Stammer plus Speech Defect	Dysarthria	Cleft Palate	Total
Treatment ..	28	57	7	5	2	99
Supervision ..	44	17	3	5	—	69
Investigation ..	—	4	1	—	1	6
						174

Cases on Waiting List at 1st January, 1955	..	..	..	..	..	19
Cases referred during 1955	..	..	..	..	..	95
						114
Cases opened during 1955	..	..	..	..	..	104
Cases on Waiting List at 31st December, 1955	..	..	..	..	..	10

REASONS FOR CLOSING CASES DURING 1955

I. TREATMENT CASES. NO CAUSATIVE ORGANIC DEFECT DIAGNOSED.

	Regular treatment			Supervision		
	A	B	C	A	B	C
1. Good result	9	2	31	9	1	3
2. Improved as far as nature of defect will allow	3	—	1	—	—	—
3. Left school or district prior to completion of treatment	4	—	2	2	—	—
4. Closed for non-attendance	2	1	10	—	—	—
5. Closed at parents' request	2	—	2	—	—	—
6. Unco-operative	3	—	1	2	—	—

A...Stammer.

B...Stammer + speech defect.

C...Defective speech.

II. TREATMENT CASES. A CAUSATIVE ORGANIC DEFECT DIAGNOSED.

1. Good result	..	..	..	..	..	..	..	2
2. Improved as far as nature of defect will allow	..	..	..	..	..	..	..	1

III. OBSERVATION CASES.

After a period of observation treatment not indicated	..	..	..	..	..	..	..	4
---	----	----	----	----	----	----	----	---

IV. DIAGNOSTIC INTERVIEWS ONLY 6

V. CASES WITHDRAWN FOR VARIOUS REASONS 2

INTERVIEWS

Treatment interviews with children	..	..	..	..	..	..	..	2,802
Diagnostic interviews with children	..	..	..	..	..	..	..	95
Interviews with parents	..	..	..	..	..	..	..	1,047
Interviews with other members of the School Health Service	..	..	..	..	..	..	..	233
Recall interviews after discharge	..	..	..	..	..	..	..	37

VISITS MADE BY THERAPISTS TO SCHOOLS, HOSPITALS, ETC. .. 119

NUMBER OF CHILDREN REFERRED TO OTHER SPECIALISTS

To Educational Psychologist for mental assessment	..	..	..	..	..	..	..	27
To Child Guidance Centre for opinion	..	..	..	..	..	..	..	3
For audiometer tests	..	..	..	..	..	..	..	3

This year has been rather an unsettled one for the Speech Therapy Clinic, but I am pleased to say this has not seriously affected our turn-over.

Miss B. M. Gray, assistant speech therapist, left the clinic at the end of May, and was succeeded by Miss S. Less who took up her appointment in September. By an unfortunate coincidence, the remaining members of the staff were absent for nearly three months during the summer, which meant that all treatment was suspended for this period of time. The clinic was functioning normally again in September, but it was not possible for the session at the Arbourthorne School for the Physically Handicapped to be resumed until November. I understand that the staff at this school greatly missed the visits of the speech therapist; the break in treatment therefore helped to prove the value of Speech Therapy in this type of school.

It is our aim to discover whether pupils who attend the Special Schools for the Educationally Sub-normal would also benefit from regular speech therapy, so at the beginning of the year a survey of these schools was made to determine how many children had difficulty with speech. It was found that there were sufficient children at every school to justify regular visits by therapists. The staffing problem at the clinic, however, meant that it was not possible for any special sessions of this kind to be arranged this year, but I hope that next year some sessions will be introduced.

DENTAL TREATMENT

The Principal School Dental Officer submits the following report :—

STAFF

The School Dental Service at the end of the year was greater than it has been since 1948 ; its strength was estimated as the equivalent of 9 and 9/11ths full time dental officers, an increase of 1.5 over the number employed during the previous year.

It should be mentioned that staffing difficulties are likely to increase within the next few years. Six of the full time dental officers appointed between 1924 and 1942 have between them an average age of 52 years. That some relief may be obtained from the employment of dental nurses to be established by the new Dental Bill is possible. Their practice of dentistry is, however, to be so limited that they cannot be employed except as an ancillary to a registered dentist. The establishment of dental clinics with two or more surgeries will be essential if proper use is to be made of their services.

Mr. A. C. Bloomfield was appointed a member of the full time staff on May 9th. At the end of the year the staff consisted of eight full time dental officers, five part-time dental officers, a part-time orthodontist and a part-time medically qualified dental anaesthetist. In addition were two full-time dental technicians and twelve dental attendants. Part-time dental officers were employed for a total of 15 sessions, the part-time orthodontist for five sessions and the dental anaesthetist for two sessions per week.

CLINICS

Attractive and cheerful premises can have a marked effect on the demand made by the public for dental treatment, and on the recruitment of staff. A capacity for social service must be possessed by those entering the school dental service today, yet even those so qualified show a preference for taking up appointments with local authorities maintaining premises and equipment to a high standard.

The Owler Lane Clinic, to which a recovery room and lavatory accommodation were added last year, was completely re-equipped in the early part of this year. A mobile unit was installed at the Western Road Clinic. In the Heeley laboratory, the benches were redesigned and a more convenient installation of electricity, gas and water supplies was installed with excellent results.

Should the accommodation of the orthodontic surgery and laboratory in the Central Clinic become possible, the easy dismantling and re-installation of the new laboratory benches has been ensured by their design as a built-up structure of separate units.

The dental clinics in the City do not have a number of surgeries sufficient to employ the twenty or so dental officers required to provide an efficient and effective dental service. The establishment would allow the employment of twelve full-time staff but the number of surgeries available is eleven.

INSPECTIONS : ROUTINE AND CASUAL PATIENTS

The figures in brackets refer to the year 1954.

Dental officers inspected 116 (48) school departments on 266 (137) sessions and examined 35,077 (19,138) children. A further 6,253 (7,903) children referred by head teachers and the school medical staff, were examined in the clinics. Either one or two part sessions are reserved each week in all clinics for the examination and immediate treatment of children in pain, and parents and children may attend on Saturday mornings without appointments for the purpose of seeking advice.

Approximately 53 per cent. (35 per cent.) of the school population was examined during the year. The number found to require treatment was 33,547 (22,079) and this was offered to 29,788 (17,963). This year after each inspection, parents were notified if treatment was required. Of the parents invited to accept treatment, 42 per cent. refused the offer, 39 per cent. accepted complete treatment and 19 per cent. accepted the extraction of teeth only. As an indication of the valuable help received from head teachers, only 2.3 per cent. of 29,788 consent forms which they handled on behalf of the dental service were not returned to the central office. There was a large number of children for whom treatment was accepted but not given, as unfortunately they failed to keep their appointments. Many others for whom parents refused treatment at the time of the offer, subsequently attended the clinics for the relief of pain and were treated.

Of the children found to require treatment, it was not offered to 3,759 and the reasons for this selection were given in the report for 1954. The offer of treatment is made to those children with grossly carious or septic teeth.

That education authorities provide dental treatment as a social service, as a means of promoting the health of the school children and in an effort to ensure that children leave school with healthy mouths, is accepted, yet the work of the school dental officer in the training of children has received little mention. It is said that the children who love going to school attain a higher level of education than those who dislike it. It can be said too, that children who like going to the school dental clinic enjoy a better standard of dental health than those who dislike dental treatment, and it is the former who will, no doubt, take advantage later on of the treatment offered by the National Health Service. One of the duties of a school dental officer is to train children to accept dental treatment readily, and to spare no effort to ensure that they will seek treatment after leaving school.

TREATMENT OF ROUTINE AND CASUAL PATIENTS

This year was the first complete one in which dental officers have had the opportunity of making appointments for their own patients. The object of this is the elimination of broken appointments as this is the most serious problem with which any school dental service may have to deal, if proper use is to be made of an officer's time. The number of children not keeping appointments was 33 per cent. of those to whom appointments were given in both 1953 and 1954, and 29 per cent. in 1955. All appointments for children are sent in the first place to head teachers and they can be and often are of considerable help in ensuring that patients keep their appointments.

This year 9,902 routine patients were treated as compared with 7,146 in 1954 and the number of those seeking treatment as casual patients dropped from 7,903 to 6,253 in the same period. The number of teeth filled was 9,906 (8,339) and teeth extracted 27,351 (25,286) for a total number of general anæsthetics of 13,592 (13,250). Of the 6,997 permanent teeth extracted, 425 were sound teeth removed to prevent overcrowding and 33 were buried permanent teeth, surgically removed at the request of the orthodontist. It may be mentioned here that the unfortunate illness and absence from duty of dental attendants during the last four months of the year considerably restricted the work of two dental officers during that period. In addition to keeping a surgery and its equipment clean, a dental attendant is responsible for laundry, requisitioning stores, filing records, sending appointments, making weekly summaries of treatment provided and sterilising instruments used for each patient. She attends to parents in the waiting room and children in the surgery and recovery room. A conscientious and energetic attendant has in fact no time to waste, and in her absence the number of patients which an officer can treat is reduced.

TREATMENT OF HANDICAPPED CHILDREN IN SPECIAL SCHOOLS

The examination of children in five special schools was carried out during the year. Following the practice adopted for some time, the treatment for the children in four of the schools was provided on the school premises.

A comparatively large number of the children in these schools suffer from debility of one form or another and those that do, show less than the average resistance to decay. The symmetrical extraction of the first permanent molars is often carried out either because one or more of these teeth show developmental faults or to relieve overcrowding.

It has been recorded in dental literature that children living in homes or residential school maintained by local authorities have a higher resistance to dental decay than those enjoying a normal family life. The children living in the Blackbrook Mount Homes and the Sheffield School for the Blind stay for comparatively long periods and in sufficient numbers to make a comparison

with other children of value. They do show this comparatively higher resistance to decay. It is acknowledged that the incidence of dental decay is closely related to faulty nutrition yet the only significant feature observed when visiting these homes is that provision is not made for the supply of such foods as cakes, biscuits and sweets between meals. This probably results in better appetites and a more complete assimilation of the food eaten, together with cleaner mouths and fewer decayed teeth.

SUMMARY OF TREATMENT PROVIDED.
HANDICAPPED CHILDREN IN SPECIAL SCHOOLS.

1. Number of pupils inspected by the Authority's Dental Officers :—

(a) At Periodic Inspections	..	..	..	..	..	426
(b) As Casuals	..	..	..	..	..	370
					TOTAL (1)	796

2. Number found to require treatment	..	..	..	..	..	345
3. Number offered treatment	..	..	..	..	..	293
4. Number actually treated	..	..	..	..	..	287
5. Number of attendances made by pupils for treatment (including those recorded at 11 (h) below)	..	..	..	..	..	452

6. Fillings :—

Permanent teeth	..	..	..	..	..	96
Temporary teeth	..	..	..	..	..	1
					TOTAL (6)	97

7. Number of teeth filled :—

Permanent teeth	..	..	..	..	..	86
Temporary teeth	..	..	..	..	..	1
					TOTAL (7)	87

8. Extractions :—

Permanent teeth	..	..	..	..	..	235
Temporary teeth	..	..	..	..	..	314
					TOTAL (8)	549

9. Administration of general anæsthetics for extraction	..	..	250
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10. Other Operations :—

Permanent teeth	..	..	..	..	..	105
Temporary teeth	..	..	..	..	..	—

11. Orthodontic Treatment :—

(a)	Number of appointments made	..	..	..	..	31
(b)	Pupils commenced treatment during the year			..	..	5
(c)	Pupils carried forward from previous year	..		..	..	—
(d)	Pupils completed treatment during the year			..	..	2
(e)	Cases discontinued during the year	..	..	..	..	—
(f)	Pupils treated with appliances	..	..	..	..	5
(g)	Removable appliances fitted	..	..	..	..	5
(h)	Fixed appliances fitted	..	..	..	..	3
(i)	Total attendances	..	..	..	..	28

ORTHODONTIC TREATMENT

Some orthodontic treatment is provided in all clinics but the greater part of the work is carried out in the Heeley Orthodontic Clinic, established as a centre with the laboratory conveniently situated adjacent to the surgery.

It has been stated in the section dealing with routine treatment that 29 per cent. of the appointments made are broken. Some patients have unfortunately to travel long distances to visit the Heeley Clinic, yet of 2,569 appointments made, only 13 per cent. were not kept. This may be taken as a tribute to the value placed by parents on the treatment provided and also to their regard for Mr. Eirew's skill. Specialist orthodontic treatment is not obtainable in Sheffield except from the hospital and the school dental services. It was expected that there would be a steadily increasing demand for treatment and by the end of the year there was in fact a time lag of some six weeks between the examination and the commencement of treatment for patients. The number of patients referred for treatment was considerably larger than the 92 for whom it was completed and there were in fact 375 patients receiving treatment during the year.

Courses of treatment in some cases cover a period of several years, in others, a matter of weeks, making the number of specialist staff required by any one particular authority difficult to assess. The summary of treatment given below will be of particular interest to other local authorities about to initiate an orthodontic scheme.

TREATMENT GIVEN BY THE ORTHODONTIST

Number of appointments made	..	..	..	..	..	2,569
Number of attendances	..	..	..	..	..	2,240
Cases commenced during the year	..	..	..	..	..	195
Cases carried forward from previous year	..	..	..	..	..	180
Cases completed during the year	..	..	..	..	..	92
Cases discontinued during the year	..	..	..	..	..	15
Pupils treated with appliances ..	..	..	..	..	..	194
Removable appliances fitted ..	..	..	..	..	..	445
Fixed appliances fitted	..	..	..	..	..	106
Number of treatment sessions ..	..	..	..	..	..	230

TREATMENT GIVEN BY SCHOOL DENTAL OFFICERS

Number of appointments made	..	..	..	..	..	714
Number of attendances	..	..	..	..	..	576
Cases commenced during the year	..	..	..	..	..	21
Cases carried forward from previous year	..	..	..	..	..	16
Cases completed during the year	..	..	..	..	..	27
Pupils treated with appliances ..	..	..	..	..	..	21
Removable appliances fitted ..	..	..	..	..	..	59
Fixed appliances fitted	..	..	..	..	..	8

OTHER TREATMENT

In the summary of treatment for the year, a large number of items are grouped together under the heading "Other Operations" and these are given below with details of treatment supplied.

Scalings and cleaning of teeth	1,665
Dressings	1,834
X-rays	298
Miscellaneous treatment	710

Not included under this heading were 1,877 local anæsthetics, the majority of which were for the relief of pain experienced during the preparation of cavities in the process of filling teeth. This change of technique is a most welcome one and while the filling of teeth cannot be accomplished without discomfort, children often show very marked appreciation of the successful routine use of local anæsthetics.

MATERNITY AND CHILD WELFARE TREATMENT

A total of 119 (212) sessions have been required in the treatment of mothers and pre-school children this year. Mothers attend the Central Clinic, and children, the clinic most conveniently situated with reference to their homes. They are referred for treatment by medical officers of the Maternity and Child Welfare Services and with the exception of the year 1954 there has been a steady annual decrease in the number.

All patients are medically examined before attending for treatment. Except when emergency treatment is required, general anæsthetics are administered to mothers by a medically qualified anæsthetist.

Of 342 mothers given appointments for examination and advice only 223 kept the appointments made and of 165 children referred for treatment 143 kept the appointments made. It is estimated that some 2,000 children under five years of age in Sheffield require dental treatment each year. If this number were referred to the school dental service it would not necessarily mean an additional burden as it would result eventually in a very much smaller number of children being found to require multiple extractions when the routine examinations are carried out in infants' schools.

SUMMARY OF TREATMENT PROVIDED

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and Nursing mothers ..	223	215	191	127
Children under five	143	122	121	121

	Scalings and Gum treatment	Fillings	Silver Nitrate treatment	Crowns or Inlays	Extractions
Expectant and Nursing Mothers ..	57	92	Nil	Nil	761
Children under five ..	Nil	4	1	Nil	276
	General Anæsthetics	Dentures provided		Radiographs	
		Full upper or lower	Partial upper or lower		
Expectant and Nursing Mothers ..	137	63	17	14	
Children under five ..	127	Nil	Nil	Nil	

DENTAL TECHNICIANS

The appointment of an orthodontist in 1954 resulted in such a large increase in the technical work required that it became necessary to employ a second full-time dental technician. Mr. L. E. Bennett was appointed and commenced duty on March 1st.

Both technicians are taking courses of study in connection with the City and Guilds of London Institute. Mr. Atkin is to be congratulated in passing the senior examination in dental technology and Mr. Bennett the intermediate examination.

All the dentures and appliances required in the treatment of children and welfare patients are produced in the school dental laboratory.

SUMMARY OF WORK DONE

Dentures		Removable appliances	Repairs to removable appliances	Fixed appliances	Repairs to fixed appliances	Study Models	Other Work
Partial	Full						
141 (167)	63 (43)	504 (203)	64 (20)	114 (76)	8 (13)	394 (34)	9 (5)

SUMMARY

An increase in the total treatment provided is recorded this year and is indicated as resulting from the employment of what is estimated as the equivalent of 1.5 more full-time dental officers than in the previous year. The number of children examined at routine school inspection is nearly double that seen last year. This is partly due to a more effective selection

of patients, to the increased number of infant and junior departments visited, and to the number of children who do not receive treatment because they do not keep the appointments given.

An orthodontic service has been established and was able this year to cope with the demand for treatment.

Finally it may be said that without the co-operation of other departments no dental service would be possible, and the help received is gratefully acknowledged. Thanks are due to the staff of the Charles Clifford Dental Hospital for the treatment of one child with an unusual gum disease and four children for whom the heart specialist advised the extraction of teeth to take place in hospital.

ORTHOPAEDIC AND POSTURAL DEFECTS

The orthopaedic clinics followed the usual pattern, the greatest number of children having minor defects. 666 children were seen and only 37 of these had a defect of such a degree that transference to hospital was found necessary.

A summary of the cases is given below :—

Conditions	Number of cases attended
Cerebral palsy	8
Poliomyelitis (paralytic)	6
Schlatter's Disease	3
Bursitis	2
Synovitis knee	2
Metatarsalgia	1
Ganglion foot	2
Epiphysitis os calcis	1
Pes cavus	13
Pes planus	213
Pes valgus	54
Genu valgum	109
Genu varum	1
Congenital deformities :—	
Talipes	2
Dislocation hip	1
Claw toe	9
Torticollis	4
Short leg	1
Claw foot	8
Adduction of toes	12
Scoliosis	6
Kyphoses	4
Poor posture	4
Hallux rigidus	16
Hammer toe	11
Hallux valgus	21
Overlapping toes	9
Deformed toes	9
Prominent heels	1
Foot strain	2
Exostosis os calcis	1
Exostosis tibia	1
Others	78
Nil abnormal found	51
CASES	666
ATTENDANCES	874

Number of new cases	..	..	..	..	..	..	..	240
Number of old cases	..	..	..	..	..	..	..	426
Number of cases discharged	..	..	..	..	..	..	..	244
Number of cases transferred to hospital			..	..	..	..		37
Number of operations advised	..	..	..	..	..	..		8
Number of operations performed		..	..	..	..	..		5
Number of new appliances ordered	..	..	..	..	..	..		447
Number of repairs to appliances		..	..	..	..	..		50
Number of cases receiving treatment	..	..	..	..	..	..		351
Number of cases under observation	..	..	..	..	..	..		315

KING EDWARD VII ORTHOPAEDIC HOSPITAL AND ORTHOPAEDIC CLINICS

Dr. Herzog has supplied the information on which the following is based :—

HOSPITAL :—	1954	1955
<i>In-patients.</i>		
Number of school children treated for non-tubercular conditions	71	50
Number of school children treated for tuberculosis of bones and joints	45	16
<i>Out-patients.</i>		
Number of attendances made	130	94
CLINICS :—		
New cases of school children who attended this year	6	2
Number of attendances made	1,667	2,307
Total number of attendances at the weekly session for poliomyelitis held at the Corporation Baths	309	507

CHIROPODY CLINIC

The work of the Chiropody Clinic has been fully reported in previous years. 758 new and 43 old cases were treated during the year, involving 1,730 attendances. At the end of the year 51 children were still under treatment.

HEART DISEASES AND RHEUMATISM

The Pædiatrician from the Department of Child Health attends at the Clinic for Rheumatism and Heart Disease each fortnight, instead of each week, as the number of cases has declined.

Condition	New Cases	Old Cases	Attendances
1. Rheumatic pains or Arthritis—			
(a) With heart affection	—	1	3
(b) Without heart affection	3	3	7
2. Rheumatic Chorea—			
(a) With heart affection	1	5	6
(b) Without heart affection	—	3	5
3. Rheumatic Heart Disease without (1) or (2) above	5	28	38
4. Congenital Heart Disease	3	47	58
5. Functional Heart Disorder	14	19	34
6. No Rheumatism or Heart Disease or Disorder	5	7	14
7. Recent Rheumatism. No longer active. No Carditis	9	11	25
TOTALS	40	124	190

TUBERCULOSIS

Co-ordination between the School Health Service and the Sheffield Chest Clinic continues smoothly. Dr. Midgley Turner's report on the work in relation to school children follows :—

“ The work of the Chest Clinic amongst tuberculous school children and suspects continues to be carried out in close co-operation with the School Medical Department. ”

The names of all children, who are known to have been in contact with infectious cases of tuberculosis in their homes, are supplied to the School Medical Officer. By this means the School Medical Officer is able to keep these children under specially close supervision. During 1955, 150 of these contacts were reported to the School Medical Officer.

Re-arrangement of sessions has been made in connection with the examination of contacts at the Chest Clinic. The Contact Clinic for both children and adults is on Wednesday morning. At this clinic children are given a preliminary Mantoux test and then attend on Friday morning for the reading of this test. If the Mantoux is negative, B.C.G. vaccination is offered, if the Mantoux test is positive the child is X-rayed and any necessary advice or treatment given.

A supervisory clinic for children under observation or treatment for tuberculous infection is now held on Wednesday afternoon. During 1955, 371 contacts of school age were examined and 83 were retained under supervision at the Chest Clinic. During the year 3,660 attendances were made by school children at the Chest Clinic exclusive of new cases. These were made up of 652 attendances of notified cases of tuberculosis and 3,008 attendances of children for observation.

NEW CASES. The number of new cases of school children examined at the Chest Clinic was as follows :—Notified cases of Tuberculosis of the lungs 14, contacts, 371, and suspicious cases 367. Of the latter 19 were sent up by the School Medical Officer.

In connection with the examination of school children 1,566 X-ray films were taken.

During the year, 15 notified and 33 suspicious cases were admitted into sanatorium for observation and treatment. A Mantoux test is carried out on all children admitted to sanatorium for either observation or treatment. In addition, 1,466 Mantoux tests were carried out at the Chest Clinic, mainly on contact children.

The number of Notifications of Tuberculosis in school children received was :—

PULMONARY	Males	..	14	NON-PULMONARY	Males	..	5
	Females	..	10		Females	..	5

Tubercle bacilli were found in the sputum or pleural fluid of one school child.

The scheme for B.C.G. vaccination of child contacts of cases of tuberculosis has been continued. During 1955, 385 school children were given B.C.G. vaccination.

Forty-six places at Whiteley Wood Open Air School were reserved for children selected by the Chest Physicians. Should the whole of the 46 places not be required there is an arrangement whereby the vacant places are filled by the School Medical Officer. The children selected have signs of infection of the chest glands without marked invasion of the lung tissues and are, therefore, in a non-infectious condition.

In addition twenty-six places were reserved at Springvale House Open Air School for Children selected at the Chest Clinic.

On the 31st December, 1955, there were 412 notified school children, and 1,632 suspect school children on the Clinic Register."

B.C.G. VACCINATION OF SCHOOL CHILDREN

Dr. Watson, assistant to the Medical Officer of Health, submits the following report :—

" In 1955 the pilot vaccination scheme begun in September, 1954, was completed, and the first of the annual rounds of all the Sheffield schools begun.

In the year 52 schools were visited. The results of these visits is summarised in the accompanying table.

TABLE OF RESULTS FOR 1955.

	Pos- sibles (a)	Con- sents (b)	% $\frac{(b) \times 100}{(a)}$	Absent (c)	% $\frac{(c) \times 100}{(b)}$	With- drawals (d)	No. tested b— (c+d) (e)	+ve (f)	% +ve $\frac{(f) \times 100}{(e)}$	No. of B.C.G.
Jan.— Aug.	861	675	78.4%	80	11.9%	—	595	164	27.6%	431
Sept.— Dec.	3,102	2,159	69.6%	107	5.0%	13	2,039	515	25.3%	1,523
Total for 1955	3,963	2,834	71.5%	187	6.6%	13	2,634	679	25.8%	1,954

FOLLOW UP

- 1. No abnormal local reactions have been observed.
- 2. One girl developed Erythema Nodosum 6-8 weeks after vaccination and was seen at the Children's Hospital by Dr. J. Lorber.
- 3. All the vaccinations carried out in the Pilot Scheme were seen again (6-12 months after vaccination) and had healed up very satisfactorily.
- 4. The Conversion skin test showed approximately a 99 per cent. Conversion rate.

RESULTS OF CONVERSION TESTS

No. of tests	No. + ve.	No. — ve.	% + ve.
1,131	1,122	9	99·9

5. In December, 1955, a scheme was commenced whereby all positive reactors were offered Chest X-rays.

RESULTS OF X-RAYS

No. of +ve. reactors X-rayed	..	..	..	..	..	..	74
Lung fields clear	..	..	..	..	..	..	60
Non-active lesions	..	..	..	..	..	..	14
Active lesions	..	..	..	..	..	..	—

GENERAL REMARKS

The scheme is working smoothly and a vast amount of information being obtained. This is being broken down into its constituent parts. In particular the percentage of positive reactors in this age group is affording considerable interest. 25 per cent. is the average figure obtained and this is low in comparison with figures obtained in other parts of the country. 25—40 per cent. would appear to be the range elsewhere.

There are four broad groups of schools and these have been considered separately :—

	No. tested	% + ves.
Boys Schools	482	26·4
Girls Schools	380	25·2
Mixed Schools	1,127	24·4
Special Schools	49	32·7

Thus it would appear that although the numbers are small, there is a higher proportion of positive reactors in the special schools. This ignores the fact that two children in the special school were withdrawn by us as they were in the school because they had tuberculous spines. It was felt that it was not worth while subjecting them to the skin test, although a consent form had been sent in by their parents.

One can group the children into the areas of the city in which they reside. No area was considered unless there were at least 50 children seen. In this way 13 areas have been surveyed. The positive reactor rate varies from 19.6 per cent. to 34.8 per cent., the mean being 25.3 per cent. The only real figure of interest to emerge from this is the very high figure obtained from the residents of the Woodhouse area. I feel that this figure should be watched carefully.

Postal Area	8	4	11	13	3	2	9 & 12	7	5	6	10	Woodhouse
No. children seen ..	255	155	78	230	173	475	9-341 12-142	66	233	144	200	92
% +ve. ..	19.6	21.3	21.8	23.0	24.3	24.4	24.6	27.3	29.6	30.6	31.0	34.8

Examination of the schools according to the classification of the school does not bring to light anything new, except that the County Schools seem to have a rather high figure. The Special Schools still return the highest proportion of positive reactors.

Type of School	Possibles	Consents	%	Absent etc.	Tested	+	%
1. Grammar ..	928	702	75.6	22	680	187	27.5
2. Secondary (Inter. and Tech.)	217	162	74.7	6	156	35	22.4
3. Secondary (Modern)	2,610	1,818	69.7	152	1,666	421	25.3
4. Voluntary ..	139	96	69.0	13	83	20	24.1
5. Special	69	56	81.2	7	49	16	32.7

So far no propaganda has been dispersed except for the introductory letter to the parents. The consent rate of 71.5 per cent. is, therefore, to be considered satisfactory.

I feel that it could be improved upon, and it is to be hoped that ways will be found of recommending this procedure to the parents.

The Head Teachers of the Schools seem to be the single most influential persons in this field. One Head Teacher, whose school has now been visited twice, took it upon himself to add a note to our letter on the occasion of the second visit, recommending the parents to take advantage of the scheme. The result was an increase in the consent rate from 52.2 per cent. to 95.5 per cent."

MASS RADIOGRAPHY SURVEY

Increased attention is being focussed on the early detection of tuberculosis, and on the prevention of spread of infection by the isolation of the person affected. This is just as vital to the health of the community in tuberculosis as in some more obviously infectious diseases such as smallpox and diphtheria.

An incentive to early ascertainment from the curative point of view is the much more successful treatment of the early case through advances in medical science, and one method of early detection, mass radiography, is therefore of paramount importance.

In Sheffield the Mass Radiography Centre undertakes the X-ray examination of the chest for all pupils in their last year at school. Miniature films were taken of 3,684 boys and 3,080 girls. Dr. Wilson contributes the following figures and information. 229 doubtful cases were recalled for large film X-rays and 44 for clinical interview. Of these 14 were referred to the Chest Clinic, Queen's Road, and five found to have active tuberculosis. Five had inactive tuberculosis and four were definitely non-tuberculous. Three children were admitted to sanatoria for treatment. Seven children were referred to General Hospitals and 30 others to their general practitioner.

The total number of children suspected to have tuberculosis was .21 per cent. (.15 per cent.), .07 per cent. (.084 per cent.) being active cases. The comparable figures for last year are given in brackets.

CHILD GUIDANCE CENTRE

Mr. N. E. Whilde, the Psychologist-in-charge, reports as follows :—

"The year under review has been an extremely busy one, the number of children referred (402) being the highest in the Centre's nineteen years' existence. Moreover, the number of cases closed (379) has only once been exceeded. In addition 320 children were examined in school by means of group tests of intelligence and attainment. This was done to assist head teachers with special problems of school organisation, locating backward and retarded children, etc.

The position with regard to the number of children waiting for treatment is very much the same as that during the previous year (68 on December 31st, 1955, as against 70 on December 31st, 1954). These children may have to

wait for a period of eighteen months to two years, though nearly half are taken on for regular interviews within six to nine months of being referred on account of urgency or age. As a matter of policy all these children are seen every two or three months during the waiting period. This is reassuring to the parents concerned and in some cases the discussions and advice given is helpful and probably shortens treatment. Nevertheless the waiting time is distressingly long, and it is hoped that staffing conditions will eventually make the waiting time shorter. The 'waiting for treatment' list should be distinguished from the initial waiting list. This is invariably short and it is rare for a child to have to wait for more than a few weeks after being referred for its first interview.

As will be seen from the appended figures more than half the children were dealt with by consultation and advice. These cases normally attend only a few times. Another large group (134 at the end of 1955) were dealt with by supervision. This implies that they are seen at intervals of a month or two over a lengthy period. The cases receiving full treatment normally attend weekly and both child and parent are seen separately. The parent who comes is usually the mother, but occasionally the father attends for treatment instead. In any case fathers are seen from time to time when necessary.

Roughly twice as many boys as girls were referred which is typical of other years. It is often said that boys being on the whole more aggressive are more likely to clash with authority, and this accounts for the greater number of boys referred. This is probably correct, but it is felt that the figures do not represent the true proportion of girls who are problem children. If fewer girls are to be expected in the 'behaviour disorder' category, might there be more in the other categories if properly diagnosed? It would not be reasonable to relate child guidance cases too closely with adult mental illness as many of the problems are of a different order. Nevertheless there are more female adult mental patients than male and this may not be entirely irrelevant to the supposition that many girls are problems who are never referred.

In the appended figures children are indicated as being connected with an 'E.S.N. investigation'. The children concerned are educationally sub-normal. They are part of a selected sample whose intelligence is being subjected to investigation. These children are to be the focus of a long term study of the variation of the intelligence test results of very dull children. It is hoped that the study will provide much needed information on this topic and also that it will help to evaluate the worth of a new intelligence test recently made available.

The age range of children referred during the year was from four to sixteen years old, the midpoint being 8 years 7 months. The children at all points of the range were some nine months older than for the previous few years. It is always preferred to have children referred as young as possible, both on account of the long waiting list and to apply remedial measures as early as can be.

Concerning the intelligence of children whose cases were closed during the year, this differed only slightly from the intelligence of the child population in general. It is usual to find a preponderance of dull children, but the experience of the year 1955 is different in this respect. The quartile points in the I.Q. distribution were 84, 96 and 110. (The educationally sub-normal sample are not included in this distribution.)

Head teachers continued to refer nearly half of the children seen, and the proportions referred by other agencies are roughly as in former years.

In addition to the work in the Centre itself, there has been close co-operation with the schools and other social agencies. Work has continued at schools with adjustment classes and in the special schools, e.g. for the deaf, partially-sighted, physically handicapped.

The usual talks on the work of the Centre have been given during the year to teachers in training, social science students, doctors and parents.

Mrs. Abrams, Educational Psychologist, resigned and left the Centre in February and was replaced by Mr. G. Tweddle, who unfortunately was unable to take up duties at the Centre until September. Being without one member of a relatively small staff for six months of the year makes the volume of work done reflect credit on a conscientious staff."

NUMBER OF CASES REGISTERED DURING 1955.

Girls	..	..	..	..	..	..	..	..	128
Boys	..	..	..	..	..	..	..	..	231
E.S.N. Investigation (30 Boys, 13 Girls)	..	..	..	..	..	..	..	..	43
							TOTAL	..	402

ANALYSIS OF CASES DEALT WITH.

Cases closed 1955	..	..	..	..	..	..	..	379
Cases open 31st December, 1955	..	..	..	..	..	..	..	277
Cases on waiting list 31st December, 1955	..	..	..	..	..	..	..	17

REASONS FOR CLOSING CASES IN 1955.

Did not attend at all	..	..	..	..	..	..	..	8
Consultation only	..	..	..	..	..	..	..	224
After supervision	..	..	..	..	..	..	..	98

TREATMENT CASES.

Further attendance impossible	..	..	..	..	..	..	5
Patient unco-operative	..	..	..	..	..	..	1
Parent unco-operative	..	..	..	..	..	..	9
Transferred to other treatment		..	..	..	..	..	—
Treatment completed	..	..	..	..	..	..	34

ANALYSIS OF CASES OPEN 31ST DECEMBER, 1955.

Under treatment	..	..	..	63
Under supervision (E.S.N. investigation 43)	..	..	..	134
Under investigation	..	..	..	12
Awaiting treatment (investigation complete)	..	..	..	68
				</

†REASONS FOR REFERENCE OF ALL CASES .

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual difficulties	E.S.N. investigation	Total
Number of children ..	26	43	75	215	43	402

SOURCE OF REFERENCE.

	Head Teacher	Parent	School Medical Officer	Speech Therapist	Juvenile Court	Private Doctor	Hospital	Others	Total
Number of children..	193	17	96	30	15	7	35	9	402

AGE RANGE ON REFERENCE.

Age	3	4	5	6	7	8	9	10	11	12	13	14	15	16	16+	Total
Number of children ..	—	5	20	37	55	79	60	45	36	20	17	17	9	2	—	402

INTELLIGENCE QUOTIENT RANGE OF ALL CASES
CLOSED DURING THE YEAR.

70 and below	71 to 80	81 to 90	91 to 100	101 to 110	111 to 120	121 to 130	Over 130	Not tested	Total
9	45	84	86	54	50	30	10	11	379

† Nervous disorders comprise such conditions as fears, shyness, depression, emotional instability, day dreaming.

Habit disorders comprise such conditions as speech, sleep and food disorders, restlessness, incontinence.

Behaviour disorders comprise such conditions as unmanageability, temper, aggression, truancy, delinquency.

Intellectual difficulties comprise such conditions as educational retardation, special disabilities and educational guidance.

**SUMMARY OF WORK OF THE SCHOOL NURSING SISTERS
AND NURSING ASSISTANTS**

IN THE SCHOOLS—

Attendance daily with the Medical Officers at Periodic Health Inspection.

Examination of children under cleanliness scheme—Boys	77,720
Girls	88,528
	166,248
Examination of children for “following up ”	1,492
Examination of children for investigation of outbreak of Infectious Diseases	12,910
Examination of children for other purposes	10,506
Weighing and measuring	67,035
Number of visions tested	20,685
	278,876
Number referred to clinics	3,361
Number of visits to schools	13,322

IN THE CLINICS—

	EYE TREATMENT		EAR TREATMENT		MINOR DRESSINGS	
	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances
Attercliffe ..	144	446	581	2,641	1,089	4,770
Central ..	97	232	153	1,020	636	3,024
Handsworth ..	17	23	50	146	219	873
Heeley ..	155	451	111	700	976	3,864
Hillsborough ..	90	179	175	762	1,096	2,882
Manor ..	84	168	239	1,076	1,578	5,321
Nursery Schools	129	353	75	354	2,922	6,641
Pitsmoor ..	213	667	334	1,776	569	2,215
Shiregreen ..	134	372	166	834	1,270	4,209
Southey Green ..	47	93	48	280	757	1,335
Special Schools	314	2,890	182	2,156	4,189	13,348
Wisewood ..	74	277	111	413	512	1,543
Woodhouse ..	8	29	14	186	89	363
Wybourn ..	101	286	108	618	2,121	5,790
TOTALS ..	1,607	6,466	2,347	12,962	18,023	56,178

IN THE HOMES—

Visits for “ following up ”	792
„ neglect, uncleanness, etc.	428
„ various purposes	987
	2,207

CLEANLINESS SURVEY

The following figures represent number of examinations and therefore include many reviews of the same child :—

(a) *Numbers relating to Individual Pupils :—*

(i) Pupils examined		Boys ..	30,984		
		Girls ..	30,857		
				61,841	
(ii) Pupils found to be infested with nits or head lice		Boys ..	1,271	(4·10%)	
		Girls ..	3,496	(11·33%)	
				4,767	(7·71%)

(b) *Numbers relating to Examinations :—*

(These may include many reviews of the same child).

(i) Examinations :—

Boys	77,720	
Girls	88,528	
		166,248

(ii) Found to be dirty :—

Boys	559	(0·72%)	
Girls	254	(0·29%)	
			813

(iii) Found to have verminous clothing —

(iv) Heads cleansed at the clinics :—

Boys	127	
Girls	657	
		784

(v) Found to have bad clothing :—

Boys	29	(0·04%)	
Girls	25	(0·03%)	
			54 (0·03%)

(vi) Found to have bad footwear :—

Boys	52	(0·07%)	
Girls	13	(0·02%)	
			65 (0·04%)

It should be noted that out of the total number of examinations it was found necessary in the worst cases of uncleanliness to send a special card of instructions to parents of 956 boys (1·23 per cent.) and 2,858 girls (3·23 per cent.) and second and third ones to a further 235 boys and 823 girls. Of these, 784 (127 boys and 657 girls) were cleansed at the clinics in accordance with the usual practice.

2,077 children who were found to be suffering from various defects during general survey were referred by the school nursing sisters to the clinics, and 1,284 children were also referred to the clinics by the nursing assistants during cleansing inspections.

INFECTIOUS DISEASES AND IMMUNIZATION AGAINST DIPHTHERIA

The School Health Service works in active co-operation with the Public Health Service over the control of infectious diseases in the schools. The incidence of infectious diseases during the year, as reported throughout the schools, is shown below. These numbers do not give complete cases, but are sufficiently indicative of the trend of infection. Those applying to scarlet fever, meningitis, dysentery and measles are the confirmed cases from the notifications.

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	TOTAL	
					1955	1954
Measles	1,623	176	51	21	1,871	510
German Measles	135	77	60	42	314	909
Whooping Cough	131	109	50	20	310	398
Chicken pox . .	716	875	351	571	2,513	2,766
Mumps	768	554	189	296	1,807	1,328
Scarlet Fever . .	118	62	53	118	351	393
Meningitis . .	1	1	—	1	3	—
Dysentery . .	117	22	42	34	215	—

DIPHTHERIA was, for the sixth year in succession, absent from the City. For comparison it may be stated that in 1938 there were 824 cases.

ACUTE POLIOMYELITIS

During the year 1955, there was an increase in the incidence of poliomyelitis in the City and Dr. Roberts has kindly furnished me with the relevant information concerning school children. For the purpose of comparison, previous years are given below :—

			1951	1952	1953	1954	1955
School children affected	...	...	30	12	12	9	52

The cases were widely distributed over the City and there were two deaths—both girls—aged 7 and 8 years, respectively.

The following details show (a) the ages and sexes affected and (b) the months of occurrence :—

(a) *Sex and Age :—*

	CHILDREN AGED					
	5—9 years		10—15 years		5—15 years (Total)	
	Boys	Girls	Boys	Girls	Boys	Girls
Paralytic cases ..	10	9	1	—	11	9
Non-paralytic cases	17	9	4	2	21	11
	27	18	5	2	32	20
	52				52	

(b) *Months of Occurrence :—*

January—June	0	September	15
July	3	October	12
August	19	November	3
December	0		

IMMUNIZATION AGAINST DIPHTHERIA

Unfortunately, owing to the occurrence of poliomyelitis in the City it was necessary to discontinue immunization against diphtheria from July 23rd till the end of the year. The numbers mentioned are consequently much lower than usual.

Approximately 81 per cent. of children aged 5 years have been immunized.

PARTICULARS OF WORK DONE IN 1955.

(a) *Primary Immunization.*

Number of children who have received complete treatment—

Children under 5 years of age	174
Children 5 to 15 years	399
Number received part treatment	53
Number of children who have attended for treatment	626

(b) *Stimulating or Reinforcing Doses.*

Number of letters forwarded	5,273
Number of acceptances—	
Own doctor	925
School Clinic	1,023
	1,948
Additional number referred from other sources	555
Total number treated	1,578

PARTICULARS OF WORK DONE SINCE 1951.

(a) *Primary Immunization.*

Number who have received complete treatment during 1952 ..	934
“ “ “ “ 1953 ..	1,347
“ “ “ “ 1954 ..	1,182
“ “ “ “ 1955 ..	573

(b) *Stimulating or Reinforcing Doses.*

Number of stimulating doses given during 1952	3,761
“ “ “ “ 1953	3,323
“ “ “ “ 1954	3,161
“ “ “ “ 1955	1,578

PHYSICAL EDUCATION

Close co-operation exists between the School Health Service and those engaged in physical education. In particular, individual reports are made on children submitted for an opinion as to their suitability for various types of physical activities. During the general medical examination, this consideration is always borne in mind and head teachers are informed when restrictions are considered necessary.

The school health staff naturally take much interest in this part of education which plays a marked share in the development of the child.

The report on this year's activities will be found in the Appendix on pages 77 to 90.

NURSERY SCHOOLS AND CLASSES

The accompanying table shows the heights and weights of the nursery school children examined at periodic health inspection.

HEIGHTS NURSERY SCHOOLS AND CLASSES

Boys					GIRLS				
Age	1953 Inches	1954 Inches	1955 Inches	Number examined 1955	Age	1953 Inches	1954 Inches	1955 Inches	Number examined 1955
2	35.4	35.75	35.36	36	2	35.56	34.7	35.21	45
3	37.86	38.08	37.9	190	3	37.25	37.46	37.61	181
4	39.91	40.31	39.73	296	4	39.99	39.72	39.83	248

WEIGHTS NURSERY SCHOOLS AND CLASSES

Boys					GIRLS				
Age	1953 Pounds	1954 Pounds	1955 Pounds	Number examined 1955	Age	1953 Pounds	1954 Pounds	1955 Pounds	Number examined 1955
2	30.2	31.37	29.85	36	2	29.81	27.95	28.81	45
3	34.08	35.36	34.39	190	3	32.41	33.29	33.6	181
4	37.37	39.48	37.59	296	4	37.39	37.19	36.84	248

HANDICAPPED PUPILS

The pupils in the following schools have been ascertained under the Handicapped Pupils and School Health Service Regulations, 1953, as requiring special educational treatment :—

		Accommodation for
BLIND PUPILS	Sheffield School for Blind Children	60 pupils
PARTIALLY SIGHTED PUPILS	Bents Green School ..	30 pupils
DEAF (GRADE III) AND PARTIALLY DEAF (GRADE IIB) PUPILS	Maud Maxfield School .. (Day and Residential)	120 pupils
PARTIALLY DEAF (GRADE IIA) PUPILS	Weekly class at Maud Maxfield School	10 senior and 10 junior pupils.
DELICATE PUPILS	Whiteley Wood, Bents Green, and Springvale House Schools	384 pupils
	Bents Green Residential ..	40 pupils—girls.
PHYSICALLY HANDICAPPED PUPILS (DAY)	Mayfield and Arbourthorne North Schools	120 pupils
EDUCATIONALLY SUB-NORMAL PUPILS	Wadsley Bridge and Hillsborough Schools	255 pupils—boys.
	Highfield School	135 pupils—girls.
	East Hill School	45 pupils — junior boys and girls.

SHEFFIELD SCHOOL FOR BLIND CHILDREN

An analysis of the defects of the pupils in the school during the year follows :—

Aniridia	1
Choroido-retinal dystrophy	3
Microphthalmos	3
Albinism	1
Nystagmus	1
Congenital cataracts and microphthalmos	12
Buphthalmos	7
Glioma retinae (results of)	1
High myopia	1
Retrolental fibroplasia	9
Optic atrophy	12
Bilateral corneal dystrophy	2
Vitreous hæmorrhage	1
Corneal leucomata	1
Keratitis	1
Detached retina	2
Abiotrophy of retina	2

EDUCATIONALLY SUB-NORMAL PUPILS

The work undertaken during the year with the children who have been reported as retarded educationally or developmentally is shown below :—

RESULTS OF EXAMINATIONS.

Recommended for admission to a day special school	89
Recommended for admission to a residential special school	1
Recommended for education in an ordinary school, with special educational treatment	27
Recommended for admission to a special school for the physically handicapped	1
Found to be educationally sub-normal and epileptic, and recommended for admission to a special school for epileptics	1
Found to be educationally sub-normal and deaf, and recommended for admission to a special school for the deaf	2
Found to be educationally sub-normal, but physically unfit for an ordinary or special school—recommended for home tuition	2
Found to be educational sub-normal. Has been committed to an approved school	1
Found to be educationally sub-normal—Parents placed the child in a private school	1
Children in special schools for the physically handicapped found to be educationally sub-normal, but to remain at present special school ..	4
Found to be educationally sub-normal, but for further consideration as to disposal	56
Examined but decision deferred as to educational sub-normality	4
Referred to the Child Guidance Centre for investigation	21
Referred by the Local Health Authority for re-examination under Section 8 of the Miscellaneous Provisions Act, 1948	2
No disability of mind	41
In a special school—recommended for transfer back to ordinary school ..	3
Found to be ineducable and recommended for report to the Local Health Authority—Section 57 (3)	33
Found to be ineducable and reported to the Local Health Authority under Section 57 (3) relying on Section 57 (4)	1

ANALYSIS OF CHILDREN LEAVING SPECIAL SCHOOL FOR THE EDUCATIONALLY SUB-NORMAL.

Left on attaining the leaving age	71
Removed at an earlier age as incapable of receiving further benefit ..	14
Removed at an earlier age because of physical condition	2
Left City	4

REPORTED TO LOCAL HEALTH AUTHORITY
(MENTAL WELFARE COMMITTEE).

	<i>Boys</i>	<i>Girls</i>
Children incapable of receiving benefit from instruction in school	19	18
Educationally sub-normal children reported on attaining the school leaving age	17	13

REPORTED TO THE VOLUNTARY ASSOCIATION FOR MENTAL
WELFARE ON LEAVING SCHOOL

26	14
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FOLLOW-UP OF CHILDREN WHO LEFT THE SCHOOLS FOR THE
EDUCATIONALLY SUB-NORMAL IN 1952

In continuation of previous years the children are reviewed who had left the schools for the educationally sub-normal three years ago, and who had not been reported to the Local Health Authority under the Education Act. The after-care was done by the Voluntary Association for Mental Health. The results are very rewarding in that all the children are, and have been, gainfully employed during the period.

Out of 16 boys who left Wadsley Bridge Special School, 13 settled down quickly in either their first or second job ; in one instance the home background was very unstable indeed and it is therefore greatly to the boy's credit that he did well in spite of this. One boy had a bad accident at work and was afterwards unfit for the same job, but the firm found him suitable work in a different department. Five of the above boys have now been accepted by the Army and it is of interest that their intelligence quotients (Terman Merrill-Stanford Revision) vary from 67 to 82.

The remaining three boys initially changed their type of work many times but eventually they too have become good steady workers.

Of eight girls who left Highfield Special School, six did very well in their first or second post, although one of the six was some time in finding work she would accept, as she wanted such high wages. The other two girls left several jobs before they finally settled, but in one case that could be attributed to the bad influence of the parents.

The mean intelligence quotient of the boys and girls is 71.29 (Terman Merrill-Stanford Revision).

DIABETES

10 pupils with this disease are under one or other of the hospital diabetic clinics, but are fortunately fit to attend an ordinary school.

CEREBRAL PALSY

There is a total of 112 children with this condition known to us in the City. It will be seen from the following table, giving their disposition, that the majority of those of school age are fit to attend some form of day school. It is the residue who are very severely handicapped who constitute the real problem.

TOTAL	112
Ineducable	22
	90
Under school age	3
	87
Ordinary school	25
Private school	2
Day special schools :—	
Physically handicapped	35
Educationally sub-normal	5
Deaf	2
Partially-Sighted	1
	43
Residential special school	3
Home tuition	7
Unfit for any education at present	7
	87

HOME TUITION

The recommendation for home tuition comes from the school medical officers who re-examine the children at intervals, reviewing the necessity for its continuance. All children are linked up with one or other of the two special schools for the physically handicapped, the visiting teachers working under the supervision of the head teachers there.

The analysis of the defects of the 19 children is as follows :—

Calcinosis universalis	1
Cerebral palsy	7
Pancreatic fibrositis	1
Rheumatic heart disease	1
Hydrocephalus	2
Polio paralysis	1
Tuberculosis hip	2
Hæmophilia	1
Nephritis	1
Spina bifida	1
Rheumatoid arthritis	1

PARTICULARS OF CHILDREN WHO ARE MAINTAINED IN RESIDENTIAL
SPECIAL SCHOOLS OUTSIDE OF THE SHEFFIELD AREA DECEMBER, 1955

BLIND CHILDREN.	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Chorleywood College for the Blind, Hertfordshire ..	—	1	1
Condover Hall School for Blind Children, Shrewsbury	—	1	1
Sunshine House School for Blind Infants, Leaming- ton Spa	—	1	1
Worcester College for the Blind, Worcester ..	1	—	1
Yorkshire School for the Blind, York	3	1	4
			<u>8</u>

PARTIALLY SIGHTED CHILDREN.

Barclay School for Partially Sighted Girls, Sunninghill, Berks.	—	1	1
			<u>1</u>

DEAF CHILDREN.

Burwood Park School for Deaf Boys, Hersham, Walton-on-Thames	1	—	1
Mary Hare Grammar School for the Deaf, Newbury, Berks.	2	3	5
St. John's R.C. Institution for the Deaf, Boston Spa, Yorkshire	1	—	1
			<u>7</u>

DELICATE CHILDREN.

Hillaway Home, Buckfastleigh, Devon	1	—	1
Holy Cross Open-Air School, Broadstairs, Kent ..	1	—	1
Leasowe Children's Hospital School, Wallasey, Cheshire	1	—	1
Meath Home School of Recovery, Ottershaw, Surrey	—	1	1
Pilgrims School, Seaford, Sussex	2	—	2
St. John's R.C. Open-Air School, Woodford Bridge, Essex	1	—	1
St. Patrick's Open-Air School, Hayling Island, Hants.	—	1	1
St. Vincent's Open-Air School, St. Leonards-on-Sea, Sussex	—	1	1
Ingleborough Hall School, Clapham, Yorkshire ..	2	—	2
			<u>11</u>

EDUCATIONALLY SUB-NORMAL CHILDREN.

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Allerton Priory R.C. School, Liverpool	—	1	1
Dr. Barnardo's Meadow's School, Southborough, Kent	2	—	2
Besford Court R.C. School, Worcester	5	—	5
Crowthorn School, Edgworth, near Bolton	1	1	2
Aldwark Manor School, Alne, near York	5	—	5
Beacon School, Lichfield, Staffordshire	1	—	1
Rossington Hall School, Doncaster	4	—	4
St. Francis' Residential School, King's Heath, Birmingham	—	2	2
Swaylands School, Penshurst, Kent	1	—	1
			<u>23</u>

EPILEPTIC CHILDREN.

Colthurst House School (David Lewis Colony), Warford, Cheshire	2	1	3
Lingfield School for Epileptics, Lingfield, Surrey ..	1	—	1
Maghull Home, Maghull, Liverpool	2	1	3
Soss Moss School, Chelford, Cheshire	2	—	2
			<u>9</u>

MALADJUSTED CHILDREN.

Shotton Hall, Harmer Hill, Shrewsbury	3	—	3
			<u>3</u>

PHYSICALLY HANDICAPPED CHILDREN.

Bradstock Lockett School of Recovery, Southport	—	1	1
Wilfred Pickles School, Duddington, near Stamford, Lincs.	1	—	1
St. Margaret's School for Spastic Children, Croydon, Surrey	—	1	1
St. Vincent's R.C. Orthopædic Hospital School, Eastcote, Middlesex	1	—	1
Lord Mayor Treloar Orthopædic Hospital, Alton, Hants.	1	—	1
Bosworth Park Infirmary School, Market Bosworth, Leicestershire	1	—	1
Talbot House School, Glossop, Derbyshire	2	—	2
Welburn Hall School, Kirbymoorside, Yorkshire ..	1	1	2
			<u>10</u>

AFTER-CARE

During the year under review the problems arising during the after-care of Special School Leavers have been varied ; however, with the valued co-operation of the majority of parents, Youth Employment Officers and head teachers, they have been overcome. There have been few difficulties in cases where the Youth Employment Officers' guidance has been accepted ; most of them have arisen in instances where parents or leavers have ignored the advice and help available to them. Occasionally the parents over-estimate the child's ability and in consequence they attempt unsuitable work which leads to frustration and unhappiness. Others fail to appreciate that accepting the most highly-paid job is not always conducive to happiness in work and maintenance of good health. In some cases it has been necessary to visit the parents in order to obtain their full co-operation before the leaver could be placed in suitable employment.

Nearly fifty per cent. of those who left school during the past year are learning trades, whilst the remainder are usefully employed in work of a semi- or unskilled nature.

The Boys' Club which is run by the staff of the Wadsley Bridge Special School under the auspices of the Sheffield Voluntary Association for Mental Welfare has continued to be well attended throughout the year. Many of the boys attend for a period and are then able to join other clubs in the City with confidence. It is interesting to see the return of old members, some of whom have been in the forces, who visit the club from time to time ; they assist with the younger members and set a good standard of behaviour. The club continues to be of considerable value in the after-care of the boys from the school.

During the year, 432 visits have been made by the After-care Officer to cases under eighteen years of age. Of these, 121 are ex-pupils of the schools for the educationally sub-normal ; 9 of the schools for the physically handicapped and 127 of the schools for delicate children.

EMPLOYMENT OF PUPILS HAVING LEFT SPECIAL SCHOOLS
DURING THE YEAR UNDER REVIEW

OCCUPATION	EDUCA- TIONALLY SUB-NORMAL		OPEN-AIR SCHOOLS		SCHOOLS FOR PHYSICALLY HANDICAPPED		Total 1955
	Boys	Girls	Boys	Girls	Boys	Girls	
Laundry hand	—	1	—	1	—	1	3
Shop assistant	—	—	1	7	—	2	10
Clerical work	—	—	—	6	—	2	8
Packing—warehouse	—	2	—	8	—	—	10
Brickmaking	1	—	—	—	—	—	1
Collier	3	—	—	—	—	—	3
Tool making	5	—	1	—	—	—	6
Boot repairing	6	—	—	—	—	—	6
Rivet making	1	—	—	—	—	—	1
Millhand—steel	5	—	—	—	—	—	5
Nursing	—	—	—	1	—	—	1
Canteen assistant	—	—	—	2	—	—	2
Motor mechanic	—	—	2	—	—	—	2
Photographic assistant	—	—	1	—	—	—	1
Painting and decorating	—	—	1	—	—	—	1
Joining	—	—	4	—	—	—	4
Wireless assembly	—	—	—	1	—	—	1
Cabinet making	—	—	1	—	—	—	1
Cutlery	2	—	1	—	—	—	3
Railways	1	—	—	—	—	—	1
Wood turner	2	—	—	—	—	—	2
File cutting	1	—	—	—	—	—	1
Boxmaking	—	—	—	1	—	—	1
Shirtmaking—machinist	—	1	—	2	—	—	3
Electrical engineer apprentices	—	—	2	—	—	—	2
Gardening	1	—	1	—	1	—	3
Welder	—	—	1	—	—	—	1
Farm trainee	—	—	1	—	—	—	1
Machinist	—	—	1	—	—	—	1
At home—housekeeping	—	1	—	—	—	—	1
Domestic	—	1	—	—	—	—	1
Railway signalman	—	—	1	—	—	—	1
Cabinet case lining	—	—	—	1	—	—	1
Cake decorating	—	—	—	1	—	—	1
Hammer driver	—	—	1	—	—	—	1
Plasterer	1	—	—	—	—	—	1
Moulder	1	—	—	—	—	—	1
Carpet sewing	—	—	—	—	—	1	1
	30	6	20	31	1	6	94
Learning a definite trade	21	2	14	5	—	2	44
In semi-skilled or unskilled employ- ment	9	4	6	26	1	4	50
	30	6	20	31	1	6	94

FULL-TIME COURSES OF HIGHER EDUCATION FOR HANDICAPPED STUDENTS

The Education Committee are responsible for the craft training of blind and deaf persons under 21, and during the year the following students continued attendance at recognised institutions :—

One boy at the Yorkshire School for the Blind (basketry).

One boy at the Yorkshire School for the Blind (mat making).

One boy at the Royal National Institute for the Blind (physiotherapy).

HEALTH EDUCATION.

The school nursing sisters attended special lectures at the City General Hospital during the year, and four of them attended the Winter School at Bedford College.

Talks to Parent-Teacher Associations and other groups and societies were given by members of the staff in the evenings.

Lectures and demonstrations were given to students in training from the Department of Education at the University and the City Training College. Many parties of these students visited the clinics and special schools.

Doctors taking the Diploma in Child Health, and various foreign visitors, were shown the work of the School Health Service.

Students from the School of Social Studies attended some sessions with the doctors as part of their training.

Thanks are due to the teachers who demonstrate and co-operate so willingly during these visits.

MISCELLANEOUS.

REMAND HOMES.

All boys and girls are medically examined before admission to the remand homes and again before transfer to an approved school.

In addition, many of them have special examinations carried out by the school medical officers or the staff at the Child Guidance Centre at the request of the magistrates.

SPECIAL EXAMINATIONS

Special examinations have been carried out as follows :—

Candidates for appointment in the service of the Education Committee	96
Examinations for stage licences	9
Juvenile Court cases	160
For admission to approved schools	19
Quarterly medical examinations of “ Boarded-out ” children ..	459
Fitness for part-time work, for example newspaper delivery or errand boy in various trades :—	
Number passed	1,194
Number not recommended	9
Examination of students for admission to training colleges for teachers—	
Men	77
Women	205
	282

MEDICAL INSPECTION RETURNS

YEAR ENDED 31ST DECEMBER, 1955

TABLE 1.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants	..	..	..	..	..	..	..	6,435
Second Age Group	..	..	..	..	..	..	..	5,171
Third Age Group	..	..	..	..	..	..	..	5,338
Additional Inspections	..	..	..	..	..	..	..	522
TOTAL	..	..	..	..	..	..	..	17,466

B—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	..	..	29,378
Number of Re-inspections	..	..	..	..	..	..	27,334
TOTAL	..	..	..	..	..	..	56,712

C—PUPILS FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL PUPILS
FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT
(excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	114	327	420
Second Age Group	91	123	211
Third Age Group	162	211	327
Additional Inspections ..	3	20	23
Total (prescribed groups) ..	370	681	981

TABLE II.

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1955.

Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	Number of defects		Number of defects	
	Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
Skin	28	35	3,045	140
Eyes—(a) Vision	370	410	1,152	489
(b) Squint	55	95	96	27
(c) Other	25	70	776	75
Ears—(a) Hearing	81	63	252	160
(b) Otitis Media	36	60	486	84
(c) Other	34	30	1,012	77
Nose or Throat	144	390	1,348	351
Speech	21	96	130	91
Cervical Glands	3	45	31	23
Heart and Circulation	10	91	33	36
Lungs	6	179	430	166
Developmental—				
(a) Hernia	1	20	4	5
(b) Other	1	1	5	4
Orthopædic—				
(a) Posture	5	1	1	1
(b) Flat Foot	37	83	73	12
(c) Other	56	134	430	108
Nervous system—				
(a) Epilepsy	—	15	29	47
(b) Other	5	13	45	30
Psychological—				
(a) Development	—	15	8	12
(b) Stability	—	39	67	59
Other	84	296	5,508	850

B—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	per cent of col. 2	No.	per cent of col. 2	No.	per cent of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	6,435	997	15·49	5,422	84·26	16	0·25
Second Age Group ..	5,171	826	15·97	4,302	83·20	43	0·83
Third Age Group ..	5,338	1,142	21·39	4,173	78·18	23	0·43
Additional Inspections ..	522	31	5·94	478	91·57	13	2·49
TOTAL	17,466	2,996	17·15	14,375	82·30	95	0·55

TABLE III.

INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorised persons	166,248
(ii) Total number of individual pupils found to be infested	4,767
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	3,814
(iv) Total number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

GROUP I.—DISEASES OF THE SKIN.
(excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year.	
	by the Authority	otherwise
Ringworm— (i) Scalp	—	5
(ii) Body	6	1
Scabies	3	6
Impetigo	90	1
Other skin diseases	2,898	35
TOTAL	2,997	48

GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	725	563
Errors of refraction (including squint)	—	4,492
TOTAL	725	5,055
Number of pupils for whom spectacles were :		
(a) Prescribed	—	2,798
(b) Obtained	—	2,078

GROUP III.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases dealt with	
	by the Authority	otherwise
Received operative treatment :		
(a) for diseases of the ear	—	11
(b) for adenoids and chronic tonsillitis	—	331
(c) for other nose and throat conditions	—	4
Received other forms of treatment	2,476	492
TOTAL	2,476	838

GROUP IV—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals ..	66	
	by the Authority	otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments	220	774

GROUP V.—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	in the Authority's Child Guidance Centre	elsewhere
Number of pupils treated at Child Guidance Centre	656	—

GROUP VI.—SPEECH THERAPY.

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists ..	267	6

GROUP VII.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	otherwise
(a) Miscellaneous minor ailments	5,601	387
(b) Other :		
1. Chiropody	801	—
2. Orthoptic	—	487
3. Chest Clinic	—	1,656
4. Heart	—	42
TOTAL	6,402	2,572

TABLE V.

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(a) Periodic	35,077
(b) Specials	6,253
	<u>41,330</u>
	TOTAL (1)
(2) Number found to require treatment	33,547
(3) Number referred for treatment	29,788
(4) Number actually treated	16,155
(5) Attendances made by pupils for treatment	<u>31,526</u>
(6) Half-days devoted to :—	
Inspection	266
Treatment	3,645
	<u>3,911</u>
	TOTAL (6)
(7) Fillings :—	
Permanent teeth	10,891
Temporary teeth	28
	<u>10,919</u>
	TOTAL (7)

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944 (OTHER THAN HOSPITAL SCHOOLS) OR BOARDING IN BOARDING HOMES, YEAR 1955.

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally Sub-normal (8) Maladjusted		(9) Epileptic		TOTAL
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
A. Newly placed in Special Schools or Boarding Homes	1	7	7	1	112	16	85	—	4	233	
B. Newly assessed as needing special educational treatment at Special Schools or in Boarding Homes ..	7	3	9	1	101	19	88	4	3	235	

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally Sub-normal (8) Maladjusted		(9) Epileptic		TOTAL
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
On or about 31st January, 1956. Number of handicapped pupils	—	28	51	14	359	101	425	—	3	981	
C. (i) On the registers of Special Schools as :— (a) Day pupils (b) Boarding pupils	14	1	11	—	35	6	24	—	9	100	
(ii) On the registers of independent Schools under arrangements made by the Authority ..	—	—	—	—	—	1	—	3	—	4	
(iii) Boarded in Homes and not already included under (i) or (ii) above	—	—	—	—	1	—	—	—	—	1	
TOTAL (C)	14	29	62	14	395	108	449	3	12	1,086	
D. Being educated under arrangements made under Section 56 of the Education Act, 1944 :— (i) In hospitals (ii) In other groups (iii) At home	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	15	—	—	—	15	

SCHOOL HEALTH SERVICE

The following particulars are furnished as to the cost of the School Health Service during the year ended 31st March, 1955 :—

Section	Gross Expenditure	Income from Local Sources (other than Rates)		Net Expenditure ranking for Grant		Net Cost to Rates after deducting Government Grant, &c.	Cost in terms of Penny Rate	
							Gross Cost	Net Cost to Rates
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	d.	d.
Medical Inspection and Treatment	80,765 16 10	3,359 17 9	77,405 19 1	30,962 7 8	5 64	2 16		
Ablutionary Baths	697 16 4	—	697 16 4	279 2 6	0 05	0 02		
Special Schools	137,047 4 11	13,494 6 3	134,436 4 11	42,891 3 9	9 57	3 00		
TOTALS	218,510 18 1	16,854 4 0	212,540 0 4	74,132 13 11	15 26	5 18		

REPORT
OF THE
ORGANISER OF PHYSICAL EDUCATION
FOR THE YEAR ENDED 31ST DECEMBER, 1955

1. *Introduction.*

The process of evolution by which the “ drill ” lesson of former days has changed into physical education as practised today, has continued to attract the attention and to arouse the interest of all who have the responsibility for this work in our schools. It is appreciated that if Physical Education is to play its part in fostering natural growth and development it must be related to the physical, psychological, and social needs of the individual child, rather than being based on military drill with its insistence on uniform response to rigidly controlled artificial situations.

Although good progress has been made at all levels, it is in the Infant and Primary schools that the new techniques give most satisfaction. The main feature is the changed relationship between the teacher and class. The children are given more scope and freedom of choice of activity, whilst the teacher ensures that each child is engaged in some task suitable to his ability and aptitude, but sufficiently difficult to arouse interest by providing a challenge. This method is no soft option for the teacher, who is compelled to study the needs of each individual child rather than giving uniform instruction to an entire class. Greater demands are also made on the children who soon learn that freedom is not licence, and respond well to the opportunities for greater responsibility which the individual and more informal approach to the lesson provides.

At the Secondary level efforts are still proceeding in Physical Education as in most other subjects, to provide a programme and to devise methods which are likely to produce the maximum educational benefit for each individual child. By increasing the scope of the work to include gymnastics, games training, swimming, athletics, dancing, camping, and the many associated out-of-door pursuits it is hoped to provide a sound Physical Education for all during school life, and to introduce activities which will be of sound recreational value when school days are over.

To produce the best results, it is necessary to have reasonable facilities, an ample supply of suitable apparatus and sufficient Staff. As is to be expected in a large city with an extensive development plan there is considerable diversity in the provision made, but in the main, the schools are well equipped with apparatus, and there is no doubt that the Teachers make the best possible use of the facilities and equipment available. There is a need for the provision of some fixed apparatus in certain Secondary Modern Schools so that the

children may be given work which is stronger in effect and greater in appeal, and it is hoped that some progress will be made in this direction in the near future.

New schools with superb facilities are appearing as fast as the prevailing economic conditions allow, and in this connection it is most unfortunate that difficulty is being found in attracting suitably qualified women teachers to make full use of the splendid gymnasia and playing fields. The Authority is not alone in this difficulty, but it will be a serious matter if such excellent opportunities are lost for lack of suitable applicants.

The new facilities make it possible to undertake work of a more advanced nature, a fact which when considered with the shortage of suitably trained teachers, adds to the responsibility of the Advisory Staff. The retirement of Miss H. Mawson on August 31st, after 34 years service, and the resignation of Mr. J. B. Edwards on September 30th, to take up another appointment, following so closely on the retirement of Mr. F. Carr has thrown a heavy burden on the remaining members of the Staff. They have continued to visit schools to advise, to give demonstration lessons, and conduct Courses for Teachers and Leaders in Evening Institutes, and to meet the demands on their services as far as possible.

2. *Teachers' Courses.*

As has been customary in Sheffield for many years, teachers in all types of schools have been given the opportunity to attend refresher courses in many branches of physical education.

Whilst good support has been given to courses in primary and specialised work, the lack of response to general physical training courses at the secondary level seems to indicate that a different approach may have to be made to this section of teachers.

Much credit is due to those teachers who have given of their free time to attend the Committee's refresher courses, as these have been held either during evenings or on Saturday mornings.

The following refresher courses were held in 1955 :—

	Number enrolled
i. (a) Lecture-demonstration course for men and women teachers of junior children held at Manor County School, 9 hours. Mr. J. B. Edwards	31
(b) Practical course for men and women teachers of junior children held at Abbey Lane County School, 20 hours. Mr. J. G. Jones, Miss E. C. Foggo, Mr. L. Morant	26
(c) Scottish Country Dancing for men and women teachers at Wise-wood Secondary School, 16 hours. Miss E. C. Foggo	18
ii. Swimming for men and women teachers held at Woodthorpe Swimming Bath (3 classes), 34½ hours. Messrs. G. D. Hardy and H. Brook ..	56
iii. Courses for leaders and teachers in evening schools, evening institutes and youth clubs :—	
(a) Recreative Physical Training for women teachers and leaders held at High Storrs Grammar School for Girls, 20 hours. Miss E. C. Foggo	33
(b) Recreative Physical Training for men teachers and leaders held at High Storrs Grammar School :—	
1. Advanced Course, 20 hours. Mr. J. B. Edwards ..	21
2. Beginners Course, 20 hours. Mr. J. G. Jones	17
iv. Voluntary Clubs :—	
(a) Folk Dancing (3 sessions). Miss H. Mawson, Miss T. Ballard ..	40
(b) National and Aesthetic Dancing (2 sessions). Miss E. C. Foggo	80
(c) Gymnastics. Men teachers' Gymnastic Club held at City Training College (2 sessions). Mr. J. G. Jones	22
v. Special Classes :—	
(a) Cricket Coaching for Men Teachers at Shirecliffe Secondary School, 40 hours. Mr. A. Mitchell	60
(b) One day course in Athletic Coaching for Schools at High Storrs Grammar School. Mr. J. Dodd	25

3. *Activities in the Schools.*

(a) *Physical Training.*

Despite the many changes in method, and more particularly in the relationship between teacher and class, the main aims of this branch of the work remain the same. The movement training is intended to correct faulty habits of posture, and to promote the harmonious development of a well constituted body under control.

The liberal provision of apparatus suitable for climbing, heaving and swinging has not only been of great assistance in achieving these physical aims, but has also produced considerable beneficial educational effects. Wherever these have been introduced there has been a marked development of self-confidence, self-reliance, and initiative, particularly in the type of child most in need of these qualities.

At the secondary level the trend is to include more training in skills derived from athletics and the national games. This has a dual effect in so far as the lessons can be made more interesting and satisfying, and there is also an improvement in the general standard of performance in these activities.

(b) Games.

All children have a weekly games period either in the playground or at a field. As accommodation on the fields is limited, preference is given to seniors and to those from junior schools with inadequate playground space. The purpose of this period is to give sound coaching in the various games skills, and to inculcate those desirable qualities of character usually implied in the term Sportsmanship. If used for the playing of competitive matches there is a strong likelihood that the needs of the less capable child will not receive sufficient consideration and that the younger children will be expected to play a game for which they have not acquired the necessary executive skill, tactical knowledge, or strength and endurance.

A constant effort is maintained to provide more facilities for play, and it is gratifying to report progress. New playing fields are now available for limited use at Acres Hill, Athlestan, Brook Secondary, Jordanthorpe Secondary and the Hurlfield Secondary Schools, whilst the fields at Hatfield House Lane, Stradbroke and Shirecliffe appear to be consolidating well. The completion of the Pavilion at Castle Dyke in the near future will mean that this field can be brought into greater use.

The policy of the Committee in insisting on the design and development of playing fields proceeding simultaneously with that of the buildings in new schools is making it possible to produce an efficient service in the most economical manner.

(i) Association Football.

This game has maintained its great popularity and most schools have taken part in a very comprehensive programme of inter-school games.

The final results of the league competitions were :—

Competition	No. of Teams	Winners	Runners-up
Clegg Shield	18	Southey Green Sec.	Crookesmoor County
Handsworth Cup	16	Sharrow Lane Boys'	Woodthorpe Secondary
United Shield	16	Intake County	St. Catherine's R.C.
Wednesday Shield	38	Brook Secondary	Shirecliffe Secondary
Catholic Schools League	7	St. Catherine's R.C.	St. Theresa's R.C.
Gleeson Cup (Catholic Schools)	8	St. Catherine's R.C.	St. Theresa's R.C.

The City team had a very good season and again reached the last 32 of the English Shield. At this stage the team was beaten by Sunderland by one goal to nil.

The complete record was as follows :—

Matches played	Won	Drawn	Lost	Goals for	Against
23	16	3	4	75	24

Sheffield Boys who gained representative honours were :—

Roy Poole, Fred Hill	..	..	..	..	County Representatives
Fred Hill	..	..	..	..	Final International Trialist
Brian Shirtcliffe	..	..	..	..	Junior International Reserve

It is pleasing to report in connection with competitive games generally, that teachers have taken full advantage of the opportunities of giving valuable social training. Both boys and girls have learned to accept their responsibility either as hosts or guests, in a most creditable manner.

(ii) *Rugby Football.*

As improved facilities become available this game is becoming increasingly popular, and in several Secondary Schools it has become either an addition or an alternative to Association Football. A nine-a-side Tournament which took place at Abbeydale Park on October 28th attracted teams from 12 schools. The standard of play was a credit to the boys and their teacher-trainers.

The result of the Inter-School Competition was as follows :—

Competition	No. of Teams	Winners	Runners-up
Price Cup	8	Burngreave Secondary	Shirecliffe Secondary
Luther Milner Shield	7	Shirecliffe Secondary	Coleridge Road Secondary

The City Boys Team have played Worksop College and Manchester, and have proved to be a sound combination with a good knowledge of the game. One of their number Peter Chatterton was selected to play for the English Schools in an International Match.

(iii) *Cricket.*

This game is particularly dependent on the provision of good facilities for play, and in this connection the 13 hard wickets have proved most useful. There has been a considerable amount of research on the subject of artificial wickets in recent years, and it is hoped that the Committee will consider increasing the number available as opportunities arise. The shortage of pitches due to the closure of the public parks between Easter and Whitsuntide limits the amount of play in what is, in any case, a very short season. The cost of equipment also creates difficulties which are only overcome by the great enthusiasm of boys and teachers. Methods have been devised of teaching the skills of the game indoors, thus giving all boys, irrespective of ability, an opportunity of receiving regular coaching.

(iv) *Netball.*

All girls in Sheffield schools have the opportunity of playing this game regularly and the standard of play remains high. All districts were represented in the league competitions in which over 400 children took part. The results were as follows :—

Competition	No. of Teams	Winners	Runners-up
Graves Shield ..	20	Meynell Road Secondary	Burngreave Secondary
Creswick Trophy ..	16	Burngreave Secondary	Coleridge Road Secondary
Hadfield Trophy ..	15	St. Patrick's R.C.	St. Catherine's R.C.
Miller Shield	5	Pomona Street	Philadelphia

Unfortunately the Annual City Netball Tournament had to be postponed on three occasions because of inclement weather, and was eventually cancelled for the first time since 1947.

A most successful Secondary Schools' Netball Tournament was held at Grange Grammar School on December 7th. Notre Dame High School for Girls were winners of the Senior Section whilst Sheffield Girls' High School were the Junior champions.

(v) *Rounders.*

This is an excellent team game which requires speed of movement and thought, accurate co-ordination of hand and eye, and good team work. It is, therefore, deservedly popular in schools of all types. Thanks to the good work of enthusiastic teachers for many years, a very high standard of play is now traditional in Sheffield.

The league competition results were :—

Competition	No. of Teams	Winners	Runners-up
Lady Roberts Shield (S3-4)	24	Meynell Road Secondary	Prince Edward Secondary
Fred Bye Trophy	24	Wisewood Secondary	Norfolk Secondary
Quine Trophy	15	St. Theresa's R.C.	Pomona Street
Eaton Cup (Junior Girls) ..	39	Wybourn Junior	Carfield Junior
Carr Cup (Junior Boys) ..	38	Shirecliffe Junior	Pipworth Road Junior

1,492 children took part in these competitions.

The Annual Rounders Tournament was held at Abbeydale Playing Field on Saturday, July 9th. The teachers responsible for this excellent event deserve hearty congratulations.

109 teams competed on 19 pitches. A total of 1,199 children played, approximately 200 teachers acting as officials. Play proceeded throughout the day and the occasion gave great pleasure to all who were present.

The results were :—

Competition	No. of Teams	Winners	Runners-up
Drew Trophy (S3-4) ..	30	Wybourn Secondary	Prince Edward Secondary
Miller Trophy (S1-2) ..	28	Wybourn Secondary	Owler Lane Secondary
Brightside Cup (Junior Girls)	30	Wybourn Juniors	Woodside Juniors
Slavin Cup (Junior Boys) ..	31	Shirecliffe Junior	Malin Bridge Juniors

The Sheffield Girls once again won the County Championship Tournament which was held at Leeds.

(vi) *Tennis.*

This game is becoming increasingly prominent in the Physical Education programme of boys and girls of Secondary School age. During the season 38 tennis courts and 18 asphalt playground Courts belonging to the Committee were used regularly in addition to the 158 courts in the public parks. Head Teachers have been quick to exploit both the physical and social values, and there is a growing tendency to introduce Badminton for the same purpose.

(vii) *Hockey.*

There is growing enthusiasm but the number of schools playing is limited by the number of pitches available. Good coaching is being given and many friendly matches have been played between neighbouring schools. With the development of the new school playing fields many more children will be given the opportunity to play this game.

(c) *Athletics.*

There is a growing interest in this activity and some progress has been made. Efforts are being directed now at widening the scope by giving instruction and making provision for practice in the Field events. Further progress is dependent on the provision of special areas containing sand pits and cinder circles designed for the coaching of classes in Athletic skills, on an adequate supply of equipment, and on sound instruction in the more complicated events. A good start has been made on throwing the javelin, putting the shot, and hurdling, and pole-vaulting has been introduced in some of the Secondary Schools. These events require a high degree of co-ordination, but are of absorbing interest, and the effort to attain skill has considerable affect on general development.

Cross-Country running has maintained its popularity and 20 teams have competed regularly in the Schools League. Meynell Road Secondary School were the eventual winners for the third successive year. 117 boys represented 22 schools in the race for the Senior Atkin Cup which was won by High Storrs Grammar School for Boys.

After the preliminaries of the District Sports 50 schools took part in the City Championships. Western Road Secondary was the Champion School, whilst the trophy for field events was won by Hatfield House Lane Secondary School.

The 44 athletes who represented Sheffield in the County Championships put up a very creditable performance in gaining 3 firsts, 1 second, 4 thirds and 1 fourth. Four who were chosen to represent Yorkshire in the National Championships did very well in their respective events.

(d) Dance.

Dance in its various forms is included in the curriculum for all schools having the necessary facilities. Most Infant schools attempt the expressional type of dance which is more suitable for young children than formal step and pattern work. This makes greater demands on the skill and imagination of the teacher, as there is little guidance available in books, but considerable help has been given and progress is satisfactory.

Country dances are enjoyed by children of widely differing ages and are taught in the older junior, and throughout the senior classes. In those schools where dancing is systematically taught, the beneficial effect on general deportment is marked.

(e) Camping and School Journeys.

Many Head Teachers are alert to the excellent educational value of these activities and an increasing number of requests for help and advice have been received. Many schools are organising camps and holidays to places of interest both in this country and abroad, but all these projects are the result of private initiative and voluntary effort.

Camping, whether in small mobile groups or in larger parties on a fixed site, provides excellent opportunities for social and character training. The physical and mental effort required to achieve comfort and independence, in an environment removed from the artificialities of the city, along with the training in co-operation with others, which is necessitated by living in a community, have a powerful effect in developing self-reliance, initiative and the ability to work with others for the general welfare.

The time is coming when it might be desirable to arrange for more systematic assistance to be given to those enthusiasts who are trying to make the most of this excellent educational medium.

(f) *Swimming.*

Excellent results are again reported in all branches of swimming. In the teaching of beginners, in Life Saving and in Competitive swimming at local and national levels the high standards of the past have been maintained. The subject has played a particularly important part in the education of physically handicapped pupils, who are precluded from taking part in other forms of exercise. The classes already arranged for children of Special Schools have been most successful, and the opportunity has been taken of arranging for further classes from the School for the Blind, Mayfield School, and Springvale House to attend the Baths.

The total attendances at the Public Baths for the year were as follows, the figures of previous years are given for comparison.

Year	In School Hours	Out of School Hours	Total
1951	263,531	106,764	370,295
1952	263,676	133,531	397,207
1953	273,619	162,954	436,573
1954	286,194	169,370	455,564
1955	276,524	153,038	429,562

Awards have been gained during the year as follows :—

DISTANCE CERTIFICATES.

Lengths in Yards	Boys					GIRLS				
	1951	1952	1953	1954	1955	1951	1952	1953	1954	1955
25	2,013	2,090	2,204	2,437	2,285	1,513	1,399	1,446	1,676	1,657
100	1,676	1,690	1,731	2,038	1,883	1,153	1,157	1,255	1,292	1,323
440	1,508	1,439	1,427	1,564	1,515	1,038	947	971	1,042	1,032
880	1,463	1,246	1,158	1,444	1,326	860	820	805	955	775
TOTAL	6,656	6,465	6,520	7,483	7,009	4,564	4,323	4,477	4,965	4,787

Grand Totals	1952	..	..	10,788
	1953	..	..	10,997
	1954	..	..	12,448
	1955	..	..	11,796

Life Saving.

Awards were made by the Royal Life Saving Society for success in their Examinations.

Year	Intermediate Certificate	Bronze Medallion
1952	1,452	980
1953	1,496	1,024
1954	1,470	954
1955	1,467	1,068

Sheffield has a very proud record for the total number of Awards gained. The only difficulty is to find sufficient suitably qualified examiners to deal with the increasing number of candidates. An attempt is made to overcome this by continuing the refresher courses at Woodthorpe Baths at which teachers can gain the awards of the Royal Life Saving Society.

Other Life Saving Awards gained by Sheffield Schools were :—

The <i>Sheffield Telegraph</i> Cup	..	Morley Street County.
The Viner Shield	..	Burngreave Secondary Modern Boys'.
The William Henry Cup	..	Hillsborough County Boys'.

Awards of Merit.

These awards are made by the Sheffield Schools Swimming Association and can only be gained by very accomplished swimmers.

Year	Boys	Girls	Total
1952	68	33	101
1953	58	51	109
1954	55	45	100
1955	52	41	93

Free passes to Baths.

Free passes are awarded on a basis of one to every department gaining 20 or more lengths certificates annually, whilst attending a Corporation bath for instruction in swimming. A similar privilege is granted by the Education Committee to schools attending the Woodthorpe and King Edward VII Swimming Baths. These passes provide an incentive and give the more capable children an opportunity to make the most of their talents.

Passes were awarded as follows :—

	Boys	Girls
City Teams	48	—
Training Scheme	100	—
Schools	172	—
Woodthorpe and King Edward VII	26	—
TOTAL	<u>346</u>	

H.M.S. "Sheffield" Trophy.

The Artificers of H.M.S. Cruiser Sheffield made this trophy and presented it to the Education Committee for the purpose of encouraging swimming in the schools. Burngreave Secondary Boys' School won the competition with a record total of 315 points.

The Winter Squadron Leagues.

These have continued to arouse and maintain interest in competitive swimming and have been well supported. Mr. H. Hughes who has again undertaken the duties of Secretary is to be congratulated on the good work done.

The results were :—

	Winners	Runners-up
Major : Boys	Abbeydale Secondary	Sharrow Lane Boys
Girls	Hunter's Bar Girls	Crookesmoor Girls
Minor : Boys	Pomona Street County	Morley Street County
Girls	St. Silas' C.E.	Meersbrook County

4. School Sports Galas and Tournaments.

The number of schools arranging their own Sports Days and Galas increases yearly. These functions, which are usually the culmination of steady intensive work over a long period, are useful because they give an incentive to the children, and also enlist the co-operation and interest of parents and the general public.

5. Out of School Activities.

Thanks are due to the many teachers whose work on behalf of the children extends far beyond the normal school hours. The children of Sheffield are indeed fortunate in the amount, quality and scope of voluntary efforts expended for their benefit. Apart from the excellent standards attained in all forms of physical activity, the social training given in connection with competitions or games against other schools, or teams representing other areas, is most valuable and far-reaching in its effects. Although the teachers concerned derive their main pleasure from the happiness and success of their charges, it seems appropriate that their devoted service should receive this acknowledgement.

Among the organisations working consistently throughout the year for the benefit of children in out-of-school activities are the Sheffield Schools' Athletic Association and the Sheffield Schools Swimming Association. Other organisations making useful contributions are the Sheffield Teachers' Folk Dance Club, Sheffield Aesthetic and National Dance Society, The Sheffield Teachers' Netball Club, The Sheffield Men Teachers' Gymnastic Club, and the Sheffield Men Teachers' Cricket and Football Clubs.

(i) *The Sheffield Schools' Athletic Association.*

The members of this Association, the 2nd oldest of its type in the country, have a proud record of 66 years voluntary service for the children of Sheffield. Its constituent Sub-Committees have all organised coaching and competition in the activities in which they are particularly interested, and their efforts have again been co-ordinated by the General Secretary, Mr. E. Cornthwaite. The Secretary of The Association Football section, Mr. C. Cawsey, again reports a successful season with all the usual League competitions successfully completed, and the Cottee Trophy won in competition with Nottingham.

In Rugby Football the main effort this year has been to interest more schools in playing the game and some success in this direction has been reported. Mr. A. Gregory has been an efficient secretary, and the boys have responded well.

The Secretary of the Rounders Section, Mrs. M. Goddard, reports another year of hard work which culminated in a most successful Tournament, and in the winning, once again, of the County Championship.

The Netball Section with Miss J. Newton as Secretary has again catered for very large numbers and maintained its usual high standards.

In the Cricket Section Mr. G. Farnsworth and Mr. J. Thompson have again struggled, with a fair measure of success, against the difficulties of a short and crowded season.

The Athletics Section has made sound progress and has plans for still further development in the scope of its work. With Mr. H. Whitham as Secretary, this promises to become a very lively section.

(ii) *The Sheffield Schools Swimming Association.*

This Association has again had a very busy and successful year. At the Yorkshire Schools Swimming Gala which was held at Glossop Road Baths, Sheffield won the Champion Trophy for the 7th year in succession. Fifteen boys and girls who were chosen to represent Yorkshire in a Gala versus Lancashire brought further credit to the City.

Sheffield registered its second National Champion in Brian Day of the Central Technical School who won the 100 yards Breast Stroke Championship.

In the National Schools' Squadron Championship the girls of Hunter's Bar School and the boys of Abbeydale Secondary Modern School brought further honour to the City by finishing 3rd and 2nd respectively.

• These successes along with the three final and sixteen district galas are all indicative of the persistent hard work of Mr. H. Hall, Mr. S. Hartley and Mr. L. White and their colleagues.

In this connection the Association and the children of Sheffield suffered a grievous loss through the death in early September of Mr. G. D. Hardy, the instructor at Woodthorpe Baths. By his great ability, enthusiasm and desire to serve the cause of swimming Mr. Hardy had achieved national fame at a very early age. By his untimely death most of the organisations concerned with swimming, at either national or local level, have lost a valued leader.

(iii) *The Sheffield Teachers' Netball Club.*

This Club has continued to provide its members with an interesting match programme, and has also found time to organise its Annual Tournament for schools. The Champions this year were Burngreave Secondary Modern with Rowlinson Secondary Technical as runners-up. Miss Rigden and her colleagues are to be congratulated on the organisation of this Tournament.

(iv) *Sheffield Aesthetic and National Dance Society.*

Under the leadership of Miss E. C. Foggo, Assistant Organiser of Physical Education, this Society has provided pleasurable activity and profitable instruction for its many members.

Apart from the regular weekly meetings, a recital given by Miss Geraldine Stephenson attracted a large audience to Wisewood Secondary School, parties attending from Derby Training College, and all the local Training Colleges.

(v) *The Sheffield Teachers Folk Dance Club.*

This Club plays a particularly useful part in encouraging the teaching and practice of Folk and Traditional Dances in schools, clubs, and institutes under the jurisdiction of the Sheffield Education Committee. It is a useful training centre for teachers in an atmosphere of social enjoyment, and its members give instruction often voluntarily, in all kinds of organisations.

The 12th Annual weekend school which was again under the direction of the London Headquarters Staff, attracted 90 students to the City Training College and to Hatfield House Lane Secondary School.

An "open" evening was held at Wisewood Secondary School on July 15th to mark the retirement of Miss H. Mawson, a founder and leader of the Club for many years. Miss Mawson had a strong influence on the develop-

ment of Folk Dancing throughout the Sheffield area. The Club is fortunate in having maintained its programme despite her loss, and thanks for the continued success are due to Miss T. Ballard and Miss A. Bailey.

Conclusion.

In concluding this report, it is a pleasure to record appreciation of the generous help and advice received from the Director and his personal staff ; of the kindly co-operation of the Official Staff and of personal colleagues ; to Dr. Taylor and the School Health Service Staff for their helpfulness, and to the Teaching Staff for the friendly relationships existing.

The support given by the Education Committee in all matters pertaining to the physical welfare of the children has been most encouraging and stimulating.

L. MORANT,

Organiser of Physical Education.